## **Total Disability Benefits**

## Attending Physician's Statement



American Life Insurance Company (MetLife)

<b>▶</b> i	Please provide all relevant information	completely and legibly.			x 20281, Manama - Kingdom of Bahrain 1 731 1229 - Gulflifeclaims@metlife.com	
1.	Full name of the Insured					
2.	Where is the Insured now located?	? (If an inmate of a hosp	oital or other institu	tion give name and address)		
3.	How long have you been the Insure	ed's medical advisor?				
4.	When did the Insured's health first	become affected?	D D M M	YYYY		
5.	Give symptoms, diagnosis and pro	gnosis of disability				
6.	(a) Is the Insured wholly disabled a	nd prevented from en	gaging in any bus	iness or occupation whatsoever?		
	(b) If he/she is, from what date, to your knowledge, has he/she been so prevented?					
7.	7. (a) Date of your first visit or prescription in present affliction					
	(b) Date of your last visit or prescri	ption in present afflic	tion D D M	MYYY		
8.	Is the Insured now confined to his	bed or house? State w	vhich	and from what date?	M M Y Y Y	
9.	). When, in your opinion, may the Insured be expected to do any kind of work?					
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10.	Have you or any other physicians o	or practitioners attend	ed or treated the	insured for any cause whatsoever	prior to present affliction?	
10.		b. Dates of A		c. Names of Physicians or		
10.	a. Nature of diseases or injuries				d. Address	
10.		b. Dates of A	ttendance	c. Names of Physicians or		
10.		b. Dates of A	ttendance	c. Names of Physicians or		
10.		b. Dates of A	ttendance	c. Names of Physicians or		
	a. Nature of diseases or injuries	b. Dates of At	tendance	c. Names of Physicians or Practitioners		
11.	a. Nature of diseases or injuries  Has the Insured ever received treat	b. Dates of Af From  tment from specific d	ttendance to isease? If so, Plea	c. Names of Physicians or Practitioners	d. Address	
11.	a. Nature of diseases or injuries	b. Dates of Af From  tment from specific d	ttendance to isease? If so, Plea	c. Names of Physicians or Practitioners	d. Address	
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<b>11. 12.</b> Ful	a. Nature of diseases or injuries  Has the Insured ever received treat  Has any member on the Insured's fa	b. Dates of Af From  tment from specific d	ttendance to isease? If so, Plea	c. Names of Physicians or Practitioners  se provide particulars  nousehold ever been affected simil	d. Address	
11. 12. Ful	a. Nature of diseases or injuries  Has the Insured ever received treat  Has any member on the Insured's fail	b. Dates of Af From  tment from specific d	ttendance to isease? If so, Plea	c. Names of Physicians or Practitioners  se provide particulars  nousehold ever been affected simil	d. Address  arly? If so, who?	

We are committed to providing you with the highest service standards. If you feel that we have not lived up to these standards we would like to hear about it, so we can put it right for you. Please visit our "Feedback and complaints" page on <a href="https://www.metlife-gulf.com">www.metlife-gulf.com</a> to see how you can get in touch and learn about our Complaints Handling Process.

American Life Insurance Company (MetLife) is licensed and regulated by the Central Bank of Bahrain as an insurance company (overseas insurance licensee - conventional insurance business), with a common capital stock of USD 40,000,000.