

Accident & Sickness benefit claim

Employer's Statement for leave indemnity claim



American Life Insurance Company (MetLife)
 Qatar, Abdul Jaleel Abdul Ghani Building, 4th Floor
 Airport Road, P.O. Box 913, Doha, Qatar
 T. +974 4465 5057 / 5078, F. +974 4466 3409, Gulfifeclaims@metlife.com

▶ Please provide all relevant information completely and legibly.

This statement must be completed by the employer, or his duly authorized agent, such as a Superintendent Paymaster, etc. It must not be completed by a clerk, bookkeeper or foreman, unless specially authorized, nor by any Agent of MetLife.

1. Full name of the Insured
2. Name and business address of Insured's employer
3. When was the Insured compelled to give up his/her duties? (Give exact date)
4. When did the Insured return to work?
5. Was the Insured's injury/sickness the sole cause of his/her absence from duty for all of the above period? if not, give particulars.

Title Signature and seal

Witness Date

Need help?

How to contact us							How to submit the form
Country	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country	Please send original documents to: Customer Care - MetLife Abdul Jaleel Abdul Ghani Business Center, 26 Airport Road, Office No. 402 & 403, 4th floor, PO Box 913, Doha, Qatar
Call us	800 - MetLife (800 - 6385433)	+965 2 208 9333	800 70708	800 08033	800 9711	+971 4 415 4555	
Mail us	P.O. Box 913, Doha, Qatar						
E-mail us	Gulfifeclaims@metlife.com						
Website	www.metlife-gulf.com						

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 www.metlife-gulf.com to see how you can get in touch and learn about our Complaints Handling Process.