

# Accident & Sickness benefit claim

## Employer's Statement for leave indemnity claim



► Please provide all relevant information completely and legibly.

**American Life Insurance Company (MetLife)**

Kuwait, P.O. Box 669, Safat 13007, State of Kuwait

Tel + 965 2 208 9350, Fax + 965 2 208 9334, Gulfifeclaims@metlife.com

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

Witness

Signature and seal

Date

### Need help?

How to contact us							How to submit the form
Country	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country	Please send <b>original</b> documents to:  <b>Customer Care</b> - MetLife Kuwait, P.O. Box 669 Safat 13007, State of Kuwait
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 669 Safat 13007, State of Kuwait						
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](http://www.metlife-gulf.com) to see how you can get in touch and learn about our Complaints Handling Process.