

Accident & Sickness benefit claim

Employer's Statement for leave indemnity claim



American Life Insurance Company (MetLife)

Qatar, Jaidah Square Building, 3rd Floor

Office 304A, P.O. Box 913, Airport Road, Tel. +974 444 05 444,

Fax. +974 444 05 445, Doha, Qatar CustomerCare.QA@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

D	D	M	M	Y	Y	Y	Y
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Need help?

How to contact us						
Country	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country
Call us	800 - MetLife (800 - 6385433)	+965 2 208 9333	+974 444 05 444	800 08033	800 9711	+971 4 415 4555
Mail us	P.O. Box 913, Doha, Qatar					

How to submit the form

Please send **original** documents to:

Customer Care - MetLife
Jaidah Square Building, 3rd Floor
Airport Road, Office No. 304A,
PO Box 913, Doha, Qatar

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.