Accident Benefit Claim

Employer's Statement

American Life Insurance Company (MetLife)
Office# 31, Building # A0452, Road # 1010 Sanabis 410, PO Box 20281
Manama 319, Kingdom of Bahrain Tel 800 08033 Fax +973-17311229

▶ 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 the sole cause of his/her absence from duty for all of the above period? if not, give particulars.

Title

Witness

Signature and seal X

Date D D M M Y Y Y Y

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.bh 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 US$ 40,000,000.

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	800 70708	800 08033	800 9711	+971 4 415 4555
Mail us	P.O. Box 20281, Manama 319, Kingdom of Bahrain					
E-mail us	CustomerCare.BH@metlife.com					
Website	www.metlife-gulf.com					

How to submit the form

Please send **original** documents to:

American Life Insurance Company (MetLife)

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