

Total Disability Benefits

Attending Physician's Statement



American Life Insurance Company (MetLife)
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▶ Please provide all relevant information completely and legibly.

1. Full name of the Insured

2. Where is the Insured now located? (If an inmate of a hospital or other institution give name and address)

3. How long have you been the Insured's medical advisor?

4. When did the Insured's health first become affected?

5. Give symptoms, diagnosis and prognosis of disability

6. (a) Is the Insured wholly disabled and prevented from engaging in any business or occupation whatsoever?

(b) If he/she is, from what date, to your knowledge, has he/she been so prevented?

7. (a) Date of your first visit or prescription in present affliction

(b) Date of your last visit or prescription in present affliction

8. Is the Insured now confined to his bed or house? State which and from what date?

9. When, in your opinion, may the Insured be expected to do any kind of work?

10. Have you or any other physicians or practitioners attended or treated the Insured for any cause whatsoever prior to present affliction?

a. Nature of diseases or injuries	b. Dates of Attendance		c. Names of Physicians or Practitioners	d. Address
	From	to		

11. Has the Insured ever received treatment from specific disease? If so, Please provide particulars

12. Has any member on the Insured's family or any person in his/her immediate household ever been affected similarly? If so, who?

Full name of the Physician

Signature of Physician Residence Tel. No. Include Country & Area Code

Signed at 20
City Country Day Month Year

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.