

Application for Health Certificate



In connection with:

- Reinstatement Removal / Reduction in Rating
 Change in Plan Change in Coverage
 Addition of Benefits

Gulf Operations
 P.O. Box 371916, Dubai, United Arab Emirates
 Tel +971 4 415 4555, Fax + 971 4 415 4445
 CustomerServices.Gulf@metlife.com

Policy No.

Instructions: Use this form to request for any of the above changes to your individual life policy. Please complete this form in its entirety to avoid any delays in processing. If you need any assistance in completing this form, please contact our customer service representatives.

Requirement(s): (1) Copy of Valid I.D. and Visa page. (2) Third party pay form, in case the policy owner is not making the previous payment from his own funds. If the application for health certificate is signed outside UAE then the application and other supporting documents should be notarized by the country where it has been signed.

Note:

- 60 days are allowed to submit additional requirement.
- 30 days to submit the original request from the signature date

SECTION 1: All insured details under the policy - Please fill both tables

	Full name of Insured / Joint Insured / Owner/ Spouse / Child (as applicable)	Nationality	Relationship to Policy Owner	I.D. No	Date of Birth	Height	Weight
1	Full Name						
2	Full Name						
3	Full Name						
4	Full Name						
5	Full Name						

	Full name of Insured / Joint Insured / Owner/ Spouse / Child (as applicable)	Current Residence		Employer's Name	Nature of Business	Daily Duties	
		City	Country				
1	Full Name						
2	Full Name						
3	Full Name						
4	Full Name						
5	Full Name						

Current Correspondence Address

Country City / Town P.O. Box
 Area / Street Building Flat/Villa No.
 Telephone - - Mobile - -
 Email address

SECTION 2: Declarations: (Please tick each box to confirm) to be completed by policy owner

*If any part of the declarations cannot be confirmed, provide details in the Exceptions to the declaration at the end of this section.

I, Full Name the undersigned, declare that since the date of signing the application for the said policy, I and all Insured's named above and covered in this policy:

Insured /Joint Insured Signature X Signature

Policy Owner's Signature X Signature

What type you used to smoke?
 What is the quantity you used to smoke per day?
 For how long did you smoke?
 When did you stop?
 Why did you stop?

Insured	Joint Insured	Owner

Exceptions to the Declaration*

No.	Details

Please mention in the below table the insurance details of active policies for both Insured and Owner (including personal accident coverage)

Name	Company's Name	Policy No.	Amount	Effective Date	Rating	Type of Coverage	Benefits	Amount

- (a) I declare that each of the above answers is full, complete and true and agree that they shall be taken as the basis of the reinstatement, change or issue of the above insurance, and that such reinstatement, change or issue shall not be considered as affected by reason of settlement made in payment of or on account of the amount now due until this application shall be duly approved by the company, and that the receipt, retention, deposit or cashing or any such payment or settlement by the company or its agent shall not constitute a waiver or forfeiture, or otherwise affect this condition. I also understand that, notwithstanding any provisions to the contrary in said policy, the policy, but not any part thereof granting disability or accident benefits, if reinstated or modified in such a manner to increase the risk, shall become incontestable after it has been in force during the lifetime of the insured for two years from the date of this application, except for non-payment of premium, fraud and willful misrepresentation, and any part hereof granting Disability or Accident benefits.
- (b) I understand that coverage and / or payment under the insurance contract will NOT be made if: (i) the policyholder, insured, or person entitled to receive such payment is residing in a sanctioned country; or (ii) the policyholder, the insured or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list, the OFAC Sectorial Sanctions Identifications list or any international or local sanctions list; or (iii) the payment is claimed for services received in any sanctioned country.
 I also understand that the company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or benefit would expose the company to any sanction under any applicable laws.
- (c) I hereby provide MetLife my unambiguous consent, to process, share, and transfer my personal data to any recipient whether inside or outside the country, including but not limited to MetLife headquarters in the USA, its branches, affiliates, reinsurers, business partners, professional advisers, insurance brokers and/or service providers where we believe that the transfer or share, of such personal data, is necessary for: (i) the performance of this policy; (ii) assisting MetLife in the development of its business and products; (iii) improving MetLife's customers experience; (iv) for the compliance with the applicable laws and regulations; or (v) for the compliance with other law enforcement agencies for international sanctions and other regulations applicable to MetLife. MetLife will ensure that such recipients will have sufficient confidentiality obligations to procure the confidentiality of the personal information and provided that the company complies with applicable laws in respect of such processing, sharing and transferring of that personal data.
***Personal Data** means all information relating to me (whether marked "personal" or not) disclosed to MetLife by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances / activities or any transactions undertaken with MetLife".
- (d) I hereby authorize MetLife to send me notifications and notices via short message service "SMS" and I accept receiving SMS and understand that MetLife makes no warranty that the SMS will be uninterrupted or error free and any such error or interruption shall not be deemed or treated in any way whatsoever to create any liability on MetLife and I acknowledge that I shall not file any complaint or claim against MetLife for any SMS error or interruption or for any reason related to receiving / not receiving SMS.

U.S.A. Internal Revenue Service (IRS) declaration:

In submitting and in signing this form, the applicant(s) certify(ies) that the Insured, Joint Insured, applicant, and any Designated Beneficiary(ies):

(select the answer that applies)

ARE **ARE NOT** United States persons for United States (U.S.) Federal Income Tax purposes ⁽¹⁾⁽²⁾

The Applicant(s) agree(s) to inform the Company within thirty (30) days of the Applicant(s) knowledge of such change if the Applicant(s) or any designated beneficiary become(s) a U.S. person of U.S. Federal Income Tax purposes or if the Applicant(s) assign(s) the policy to such a U.S. person.

Please note that a false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law. If you are a United States person, fill in the details below

Insured /Joint Insured
Signature

Signature

Policy Owner's Signature

Signature

• U.S. Tax ID number of Applicant(s) & Insured:

• U.S. Tax ID number of Beneficiary(ies):

1. This question is for U.S. Federal Income Tax purposes. The U.S. Internal Revenue Service requires the Company to report the taxable income paid to persons subject to United States Federal Income Tax. PLEASE NOTE that if you are a U.S. person for U.S. tax purposes and fail to provide a U.S. Tax Identification Number to the Company, the IRS requires the Company to withhold tax from taxable income payments made to you at the rate of up to 31%.
2. For purposes of this declaration a U.S. person is a citizen or resident of the United States, a United States partnership, or trust which is controlled by one or more U.S. persons and is subject to the supervision of a U.S. court.

Foreign Account Tax Compliance Act (FATCA) declaration:

The Insured / Owner consents to MetLife, its officers and agents disclosing any confidential information to:

- (i) Any group member and representatives of MetLife in any jurisdiction (together with MetLife, the "Permitted Parties");
- (ii) Any persons as required by any law (including but not limited to the U.S.A. Foreign Account Tax Compliance Act) or authority (including but not limited to the U.S.A. Internal Revenue Service) with jurisdiction over any of the Permitted Parties;
- (iii) Professional advisers, insurer, reinsurer or insurance broker and service providers of the Permitted Parties who are under a duty of confidentiality to the Permitted Parties;
- (iv) Any actual or potential assignee, novatee or transferee in relation to any of MetLife's rights and/or obligations under this Policy (or any agent or adviser of any of the foregoing).

"Confidential Information" means all information relating to the Insured / Owner (whether marked "confidential" or not) disclosed by whatever means either directly or indirectly to MetLife which concerns the business, operations or customers of the Insured / Owner (including but not limited to contact details, tax identification number / social security number, account balances/activities or any transactions undertaken with MetLife)."

MetLife will deduct any withholding required by the US Foreign Account Tax Compliance Act ("FATCA").

MetLife reserves the right, within its sole discretion, to terminate the policy in the event that appropriate documentation of Insured's / Owner's US or non-US status for purposes of FATCA is not timely provided to MetLife. In particular, in the event that applicable local laws or regulations would prohibit withholding on payments to the account or prohibit the reporting of the account, and no waiver of such local law is obtained, MetLife reserves the right to close the account.

CRS Individual tax residency Self-Certification declaration:

The Common Reporting Standard (CRS), is a tax information exchange standard developed by the Organization for Economic Co-operation and Development ("OECD") and approved on 15 July 2014.

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the account holder's tax Identification Number for each country/ jurisdiction indicated.

Note: If the account holder is a tax resident in more than three countries/jurisdictions, please use a separate sheet

If a Tax Identification Numbers is unavailable please provide the appropriate reason A, B or C where indicated below:

Reason A

The country/jurisdiction where the account holder is resident does not issue Tax Identification Numbers to its residents

Reason B

The account holder is otherwise unable to obtain a Tax Identification Number or equivalent number, please explain why you are unable to provide the required information

Reason C

No Tax Identification Number is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the Tax Identification Number issued by such jurisdiction)

Country/Jurisdiction of Tax Residence	Taxpayer Identification Number (TIN)	If no TIN available enter reason A, B or C	If reason B Selected, please explain
1.			
2.			
3.			

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the account holder's relationship with MetLife setting out how MetLife may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the account holder and any reportable account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

Questions*:

1. Did you obtain residence rights under a Citizenship by Investment (CBI)/Residence by Investment (RBI) Scheme?* YES NO
If 'Yes' write type of Scheme below

2. Do you hold residence rights in any other country?* If 'Yes' Please mention country name below YES NO

Insured /Joint Insured Signature

PolicyOwner's Signature

3. In which jurisdiction(s) have you filed personal income tax returns during the previous year?*
- Please add country name. If you didn't file income tax returns in any country please mention not applicable.

*All questions are mandatory to answer.

Declaration:

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to both advise **MetLife** of any change in circumstances which affects the tax residency status of the individual identified in the application or in this form or causes the information contained herein to become incorrect or incomplete, and to provide **MetLife** with a suitably updated Self-Certification and Declaration, within 90 days of such change in circumstances.

E-mail Declaration:

1- Notifications: I hereby authorize MetLife to send me notifications and notices electronically (including but not limited to short message services "SMS", emails and any other electronic means or methods of communications ("notifications")). I accept receiving notifications and understand that MetLife makes no warranty that the notifications will be uninterrupted or error free and any such error or interruption shall not be deemed or treated in any way whatsoever to create any liability on MetLife and I acknowledge that I shall not file any complaint or claim against MetLife for any notifications error or interruption or for any reason related to receiving / not receiving the notifications. MetLife is not responsible for non-receipt of notifications due to invalidity of the addresses or other technical problems.

2- Sending and receiving the documents electronically: By providing my e-mail address and signing this application I agree to receive from MetLife the policy document, certificate and / or any other documents and to send to MetLife all types of documents and information related to the policy ("Documents") via electronic mail ("E-mail"). I am fully aware that having chosen this electronic means of sending or receiving information & Documents, it is my responsibility to ensure that the E-mail address I have provided us in this application is correct at all times, and that it my responsibility to inform MetLife immediately should my E-mail address change or should I cease to receive the Documents. I agree that all information & documents sent to or received from my E-mail address as stated in this application will be considered valid and originated from me or sent to me personally. MetLife is not responsible for non-receipt of E-mails due to invalid E-mail addresses or other technical problems related to my E-mail service.

I acknowledge that if I opt to change my E-mail address with MetLife, or if I would like to receive a paper copy of the Documents, or if I believe that I have not received my Documents, I will notify MetLife immediately.

By signing this application, I understand and agree that if I wish to discontinue receiving documents electronically it is my obligation to revoke this authorization by another written document. By signing this application also, I declare that I have read and understood MetLife's privacy policies and Terms of Use on www.metlife.com/about/privacy and I will review any Terms of Use or Privacy Statement of any future service providers used by MetLife.

I understand that although MetLife takes every precaution to protect the privacy of members' information, MetLife cannot guarantee safety of my information.

I consent to provide my E-mail address to be included in MetLife's E-mail list and accept any inherent risks involved with E-mail communications.

I have paid on account of charge for reinstatement, change or issue on insurance under policy number stated above in accordance with the provision of the conditional receipt bearing the number of this application.

Signatures

Signed at 20

City Country Day Month Year

Full Name of Policy Owner	<input style="width: 100%;" type="text" value="Full Name in his/her own handwriting"/>	Signature	<input style="width: 100%;" type="text" value="X"/>
Full Name of Irrevocable Beneficiary or Assignee	<input style="width: 100%;" type="text" value="Full Name in his/her own handwriting"/>	Signature	<input style="width: 100%;" type="text" value="X"/>
Full Name of Witness / Agent	<input style="width: 100%;" type="text" value="Full Name in his/her own handwriting"/>	Signature	<input style="width: 100%;" type="text" value="X"/>

Agent Code

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 371916, Dubai – U.A.E.					
E-mail us	CustomerServices.Gulf@metlife.com					
Website	www.metlife-gulf.com					

How to submit the form

Please send **original** documents to:

Customer Care - MetLife
P.O. Box 371916
Dubai – U.A.E.