

Accident Benefits Claim

Employer's Statement

American Life Insurance Company
 WILMINGTON, DELAWARE, U.S.A., INCORPORATED 1921

GULF OPERATIONS
 P.O. Box 371916, Dubai, United Arab Emirates

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 Seal & Signature

Witness Date

NEED HELP?

COUNTRY	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country
CALL US	800 - MetLife (800 - 6385433)	+965 2 247 4277	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.ae					