

Part A - Company Details

Company Name:	<input type="text"/>	Nature of Business:	<input type="text"/>
Company Address:	<input type="text"/>		
Country	<input type="text"/>	City	<input type="text"/>
P.O. Box	<input type="text"/>	Area Street	<input type="text"/>
Building	<input type="text"/>	Flat / Villa No	<input type="text"/>
Telephone	<input type="text" value="Country Code"/> - <input type="text" value="Area Code"/> - <input type="text"/>	Fax	<input type="text" value="Country Code"/> - <input type="text" value="Area Code"/> - <input type="text"/>
E-mail ID	<input type="text"/>	Mobile	<input type="text" value="Country Code"/> - <input type="text" value="Area Code"/> - <input type="text"/>

Company Administrator Details:

First Name	<input type="text"/>	Last Name	<input type="text"/>
Job Title	<input type="text"/>	Contact No.	<input type="text"/>
Effective Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Must be later than the application date)		
Type of Coverage	<input type="checkbox"/> For Employees <input type="checkbox"/> Contributory <input type="checkbox"/> Non Contributory <input type="checkbox"/> For Dependants <input type="checkbox"/> Contributory <input type="checkbox"/> Non Contributory		

Part B - Employees/Dependants Details*

A) How many people are employed by your company?	<input type="text"/>
B) Number of employees to be insured?	<input type="text"/>
C) Number of eligible dependents?	<input type="text"/> Spouses <input type="text"/> Children <input type="text"/>

*Kindly fill the Electronic Data Interchange (EDI) format with the FULL details, and Enrollment Form (G42) for each employee

Part C - Optional Cover

Kindly tick the following box if you wish to obtain optional coverage and fill the optional cover census sheet:

- ☐ Doctor visits
☐ Prescribed Medicine

Company Name: Sheet of

	Full Name	Date of Birth	Gender	Marital Status	Nationality	Residency	Previous Insurance	Salary
		DD / MM / YY	M / F	M / S			<input type="checkbox"/> Y <input type="checkbox"/> N	
1 Employee							<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 1							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 2							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 3							<input type="checkbox"/> Y <input type="checkbox"/> N	
2 Employee							<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 1							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 2							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 3							<input type="checkbox"/> Y <input type="checkbox"/> N	
3 Employee							<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 1							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 2							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 3							<input type="checkbox"/> Y <input type="checkbox"/> N	
4 Employee							<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 1							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 2							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 3							<input type="checkbox"/> Y <input type="checkbox"/> N	
5 Employee							<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 1							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 2							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 3							<input type="checkbox"/> Y <input type="checkbox"/> N	
6 Employee							<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 1							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 2							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 3							<input type="checkbox"/> Y <input type="checkbox"/> N	
7 Employee							<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 1							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 2							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 3							<input type="checkbox"/> Y <input type="checkbox"/> N	
8 Employee							<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 1							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 2							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 3							<input type="checkbox"/> Y <input type="checkbox"/> N	
9 Employee							<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 1							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 2							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 3							<input type="checkbox"/> Y <input type="checkbox"/> N	
10 Employee							<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 1							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 2							<input type="checkbox"/> Y <input type="checkbox"/> N	
Child 3							<input type="checkbox"/> Y <input type="checkbox"/> N	

Signature & Company Stamp

Date

Note:

- This form is not required if the completed EDI is provided.

For easy enrollment to Health+ follow the steps below:

- a) Fill in the application form, mark the tick box where applicable, for all Employees & covered Dependents complete details shall be reported through the standard Electronic Data Interchange (EDI) format provided by MetLife (same apply for future additions & Deletions),
- b) If you would like to obtain Optimal Benefits (Doctor visits/prescribed medicine), kindly indicate so by ticking the box where applicable.
 - Benefit is applied at additional cost, please refer to the rates sheet inserted.
- c) Enrollment Form (G42) is required for:
 - Any late addition or member added after the policy inception date. A stock of Enrollment Forms (G42) can be obtained from your MetLife Consultant.
- d) Each eligible employee and his eligible dependents should provide evidence of the previous insurance; if applicable.
- e) Bank transfer in the name of American Life Insurance Company (MetLife) for the Annual premium or the first Semi-Annual or Quarterly installment
- f) Submit: Company Profile Form (KYC) and applicable identification documents, Application Form, the Electronic Data Interchange (EDI) and Enrollment Forms (G42 - if applicable) and a bank transfer to your MetLife Consultant.
- g) Submit: Completed beneficiary designation form (if applicable), the form can be obtained from your MetLife Consultant.

Notes

- 1) All applications are subject to underwriting approval.
- 2) Bank transfer should be in the name of American Life Insurance Company (MetLife) ONLY.
- 3) Acceptance of risk is subject to group underwriter approval and policy issuance with confirmation of coverage.
- 4) "Family business" are subject to additional underwriting consideration.
- 5) Third party payment on behalf of the policyholder is not accepted irrespective of payment method at all times
- 6) Due premiums must be paid in full as billed shown in the invoice and to be paid on its due date.



Our experience and superior standards demonstrate our commitment to paying claims quickly and fairly.

We make customers' lives easier

We're constantly working to make sure our customers have the right tools and personal support to submit and track a claim—quickly, conveniently, seamlessly.

We go above and beyond

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We have proven experience

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For more information, contact us at **00961 1753111 ext: 1812**

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