

**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:

<input type="checkbox"/>	Doctor visits
<input type="checkbox"/>	Prescribed Medicine

# Benefit +

## Members Census Sheet



Company Name:  Sheet  of

	Full Name	Date of Birth	Gender	Marital Status	Nationality	Residency	Emirates ID No	Previous Insurance	Salary is above USD 450
		DD / MM / YY	M / F	M / S				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1 Employee								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2 Employee								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3 Employee								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4 Employee								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5 Employee								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6 Employee								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7 Employee								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
8 Employee								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
9 Employee								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10 Employee								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Child 3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Signature & Company Stamp

Date

**Enrollment Form (G42) is required for:**

- any member added after the policy inception date

- Note:**
- This form is not required if the completed EDI is provided.
  - Using age at last birthday applied to rates on enclosed Rates / CI Benefit Tab

**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.
- 7) Wire transfer must be transferred to MetLife Acc and should be drawn from the policyholder bank Acc directly.



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