

Credit Shield Plus/ Lifestyle Protect/Credit Plus Claim Form



GULF OPERATIONS
P.O. Box 371916, Dubai, United Arab Emirates
Tel +971 4 415 4555 Fax + 971 4 415 4445

I wish to claim for following benefit (please tick the appropriate benefit claiming for):

- Involuntary Loss of Employment (ILOE) Permanent & Total Disability (PTD) Death
 Critical Illness Temporary & Total Disability (TTD)

POLICY OWNER'S DETAILS

First Name Middle Name Last Name
 Date of Birth Passport No.
 Credit Card No. Loan Account No.
 Please list all Nationalities: 1) 2) 3)

RESIDENCY*

1) 2) 3)

* **"Residency"** is any place where you may be obliged to file income tax returns as a resident of that jurisdiction.

Cardholder's Contact No. (Local) - -
 Cardholder's Contact No. (Home Country) - -
 E-mail

BENEFITS

I. Involuntary Loss of Employment (ILOE)

Please attach the following documents: (1) Letter of Termination; (2) Bank account details (please complete form); (3) Visa copy (valid or cancellation copy with date).

Last working day
 Employer's Name
 Employer's Contact No. - -

II. Death

Please attach the following documents: (1) Death certificate duly attested by the bank; (2) Medical report showing cause of death; (3) Succession certificate issued by the Court / IDs; (4) Detailed medical report with exact date of onset of disease causing death (for claims where pre ex applies).

Date of Death Cause of Death
 Claimant's Name
 Claimant's Contact No. (Local) - -
 Claimant's Contact No. (Home Country) - -
 Claimant's E-mail

III. Critical Illness

Please attach the following documents: (1) Medical report stating all previous medical history and exact date of onset of disease, other risk factors and other required lab test reports

Date of Diagnosis Name of critical illness diagnosed

IV. Temporary & Total Disability (TTD)

Please attach the following documents: (1) Detailed medical report from the Treating Physician stating exact date of onset / diagnosis of ailment / medical certificate with suggested sick leave

Date of Incident Cause of TTD

V. Permanent & Total Disability (PTD)

Please attach the following documents: (1) Medical report stating all previous medical history and exact date of onset of disease causing PTD, current status and other risk factors

Date of Incident Cause of PTD

DOCS TO BE PROVIDED BY CITI BANK WHILE SUBMITTING CLAIM:

1. Covering letter with reference no., date of enrollment to the plan, amount of claim etc.
2. Credit Card statements showing o/s balance as on date of death (for Credit Card) or amortization schedule showing the outstanding loan amount in principal as on date of death (for loan).
3. Loan transaction history showing the last installment paid by the customer (for loan).
4. Copy of passport and visa.
5. Copy of Credit Card application (system screen shot) / Loan application / Loan agreement as applicable.

Account Details of Customer for ILOE/TTD/CI/PTD Benefit:

First Name Middle Name Last Name

Bank's Name:

Account No. / IBAN No.

SWIFT:

IFSC (mandatory for Banks in India)

I declare that the information provided above is true & correct and understand that wrong information may render my claim void and recoverable from me.

MetLife reserves the right to ask for further documentation if and when required for proper adjudication of the claim.

SIGNATURES

Signed at 20

City Country Day Month Year

Full Name Signature

NEED HELP?

	HOW TO CONTACT US						HOW TO SUBMIT THE FORM
COUNTRY	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country	Please send original documents to: Citibank Collection Department – Customer Service 2 nd Floor Citibank House P.O. Box 749 Bur Dubai, Dubai
CALL US	800 - MetLife (800 - 6385433)	+965 220 89333	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						
WEBSITE	www.metlife-gulf.com						

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