

General Data Protection Regulation Article 17 – Right to Erasure

Dear Customer,

According to the General Data Protection Regulation, Article 17 you have the right to request the deletion or removal of your personal data where there's no compelling reason for us to keep using it (also known as 'the right to be forgotten'). This is not an absolute right to erasure though. We may have a right or obligation to retain the information, such as where we are under a legal obligation to do so or have another valid legal reason to retain it.

MetLife will respond to your request within 1 month from the day that the request has been received.

Please complete the below fields accordingly and attached the necessary paperwork. Please note that if we don't have the necessary proofs we won't be able to process your request.

1. Your Details

Full name	
Date of Birth	
Current Address	
Telephone number	
Email	
Policy Number	
ID Number	

2. Whose information are you requesting?

<input type="checkbox"/>	My own (Go to question 5)
<input type="checkbox"/>	Someone Else's (go to question 3)

3. If you are requesting someone else's information, whose is it?

Full name	
Current Address	
Telephone number	
Email	

4. What is your relationship to this person? "I am the...."

<input type="checkbox"/>	Mother
<input type="checkbox"/>	Father
<input type="checkbox"/>	Guardian
<input type="checkbox"/>	Legal Representative
<input type="checkbox"/>	Other (please explain below)

5. Proof of ID and entitlement

Documents supplied as proof of your ID

<input type="checkbox"/>	Utility bill (original) - less than 3 months old or Bank statement (original)
<input type="checkbox"/>	Passport or ID
<input type="checkbox"/>	Change of name documents if applicable

6. Proof of entitlement

If you are requesting someone else's information then please provide of proof of entitlement, such as.

	Power of attorney or guardianship (Original)
	Evidence of parental responsibility (Original)

Please select the personal information you wish to erasure.

Erase all personal data under policy	
Erase specific personal data	

Personal Information for Individual Policies

#	Personal Information Detail	Select the fields
1	Payor's full name	
2	Payor's date of birth	
3	Payor's mail address	
4	Payor's product coverages	
5	Insured's full name	
6	Insured's date of birth	
7	Insured's product coverages	
8	Dependents' full names	
9	Dependents' birth date	
10	Contact details (phone/mobile/email)	
11	Mail address of Insured/owner	
12	Sex	
13	Beneficiaries names	
14	IBAN #	

Personal Information for Individual Medical & Group PA Policies

#	Personal Information	Select the fields
1	Insured's full name	
2	Insured's date of birth	
3	Dependents' full names	
4	Dependents' date of birth	
5	Mail address of Insured	
6	Sex of Insured	
7	Type of coverages / products	
8	ID#	
9	Insured's Hire date	
10	Beneficiaries full name	
11	Record of Claims incidents	

Personal Information for Group Medical & Life Policies

#	Personal Information Detail	Select the fields
1	Insured's full name	
2	Insured's date of birth	
3	Dependents' full names	
4	Dependents' date of birth	
5	Contact details (phone/mobile/email)	
6	Mail address of Insured	
7	Salary	
8	Sex of Insured	
9	Type of coverages / products	
10	IBAN #	
11	ID#	
12	Family status	
13	Insured's Entry's date	
14	Beneficiaries full name	
15	Record of Claims incidents	

Please indicate the reasons of your request:
(Obligatory)

Signature: _____

Date: _____