MetLife Europe d.a.c.
(Cyprus Branch)
38 Kennedy Avenue
1087 Nicosia
P.O.Box 21383
1507 Nicosia, Cyprus

T. +357 22845845
F. +357 22845606
contact@metlife.com
www.metlife.com.cy

DECLARATION OF EMPLOYER

This declaration must be completed by the employer or an authorized employee (representative), and cannot be completed by any insurance adviser or employee of MetLife Europe d.a.c.

FULL NAME OF THE INSURED

……

SOCIAL SECURITY NUMBER……I.D. NUMBER……

NAME AND ADDRESS OF THE EMPLOYER OF THE INSURED…….....

……

DESCRIPTION OF THE ACCIDENT OR ILLNESS RESULTING IN THE INSURED'S ABSENCE FROM WORK

……

WHEN WAS THE INSURED OBLIGATED TO STOP HIS WORK (exact date)? …….

WHEN DID THE INSURED RETURNED TO HIS POSITION?……

WAS THERE A PERIOD WHEN THE INSURED WAS ABLE TO PERFORM HIS DUTIES PARTIALLY?

……

DESCRIPTION OF DUTIES OF THE INSURED ……

MONTHLY SALARY OF THE INSURED ……

DID YOU PAY ANY INCOME TO THE INSURED DURING THE PERIOD OF DISABILITY?

……

HAS AN APPLICATION BEEN SUBMITTED OR WAS ANY PAYMENT MADE FROM SOCIAL SECURITIES FOR THE PERIOD OF INABILITY OF THE INSURED? …….

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MetLife Europe d.a.c. is a limited liability company incorporated in the Republic of Ireland.
Registration Number 415123 Registered Office: 20 on Hatch, Lower Hatch Street, Dublin 2, Ireland.
MetLife Europe d.a.c. is registered in the Republic of Cyprus as an oversea company: Registration Number AE2955.
Registered Address: 38 Kennedy Avenue, 1087 Nicosia, Cyprus.
E-mail: contact@metlife.com

In accordance with the European Union (Insurance and Reinsurance) Regulations of Ireland of 2015, MetLife Europe d.a.c. (Cyprus) is authorized to provide life insurance activities in the following categories:
I, III, IV, VI and non-life insurance activities in the following categories: 1, 2.

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WAS INJURY OR ILLNESS THE ONLY CAUSE OF HIS ABSENCE FROM WORK THROUGHOUT THE ABOVE PERIOD?, IF NOT PLEASE GIVE DETAILS ……

……

…...

DECLARATION / AUTHORIZATION

I declare responsibly and knowing the consequences of the law for false statements that, my answers above are correct and true. I know and accept that the Company keeps and processes personal data, sensitive or not, concerning me or the covered members, which I disclosed to it or received or will receive in another way from third parties and I declare that I have received full knowledge of what is referred to in the relevant term on the processing of personal data law 138(1)2001.

Employer Signature ……. Insured Signature……

Employer full name…… I.D. Number: ……

Employer's title & Seal / A.Φ.M: Date: ……...

……..

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