

**ACCIDENT BENEFITS CLAIM
EMPLOYER'S STATEMENT**

This statement must be completed by the employer, or his duly authorized agent, such as a Superintendent, Paymaster, etc, It MUST NOT be completed by a Clerk, Bookkeeper or Foreman, unless specially authorized, nor by any Agent of MetLife.

1. Full Name Of Insured :
2. Name and business address of Insured's employer :
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3. When Was Insured compelled to give up his duties? (Give exact date) :
- 4 . When did Insured return to work?
.....
- 5 . Was Insured's injury the sole cause of his absence from duty for all of the above period? If
not give particulars . :
.....

Date :

Seal & Signature :

Witness :

Title :