

SME Employee Benefit (Packaged) Policy

खालि छोडिएको ठाँउ

बीमालेख प्रारम्भ मिति _____ बीमालेख नम्बर _____

बीमालेखधारक _____

बीमा वार्षिकोत्सवहरू _____

बीमाशुल्क तिर्नुपर्ने मितिहरू _____

संलग्न गरिएको अतिरिक्त करारहरू _____

अमेरिकन लाईफ इन्स्योरेन्स कम्पनी (यसपछि बीमा कम्पनी भनिएको) ले यस बीमालेखको लागि प्राप्त आवेदन तथा यस बीमालेखमा उल्लेख भएबमोजिमको बीमा शुल्क भुक्तानी प्राप्त भएको आधारमा बीमालेखका शर्त र करार अनुसारका लाभहरू भुक्तानी गर्न मन्जुर गर्दछ ।

यो बीमालेख, माथि उल्लेखित बीमालेख प्रारम्भ मिति देखि लागू हुनेछ । बीमालेखधारकले यसमा निर्धारण गरिए अनुरूपको बीमा शुल्क रकम तिर्नुपर्नेछ । प्रथम बीमा शुल्क बीमालेख लागू हुने मितिमा र पछिल्ला बीमा शुल्कहरू माथि उल्लेख भए बमोजिमको बीमाशुल्क तिर्नुपर्ने मितिमा नै तिर्नुपर्नेछ । यस बीमालेखका पछाडिका पानाहरूमा दिइएका प्रावधानहरू र संलग्न अतिरिक्त करारहरू (Riders) बीमालेखकै अंग हुनेछन् । निम्न साक्षीहरूको रोहवरमा अमेरिकन लाईफ इन्स्योरेन्स कम्पनी ले यो बीमालेख लागूहुने मिति देखि यो बीमालेख जारी गरेको छ ।

रजिस्ट्रार

कागजात तयार गरेको मिति

प्रस्ताव र स्वीकृति

बीमालेखधारकले यस बीमालेख र संलग्न अतिरिक्त करारहरू (Riders) को निमित्त बीमा कम्पनीमा दिएको आवेदन, जस अन्तर्गत बीमा स्वीकार गरिएको छ, त्यसको शर्त बन्देजहरू आवेदकले हस्ताक्षर गरेपछि, बीमालेख प्रारम्भ मितिबाट लागू हुने गरी बीमालेखधारकद्वारा स्वीकृत र स्वीकार गरिएको छ । यो मंजुर गरिन्छ, कि यो आवेदन ले यस बीमालेखको लागि यस अघि गरिएको कुनैपनि आवेदनलाई निष्क्रिय तुल्याउने छ ।

स्थान _____

बीमालेखधारकको नाम

मिति _____

हस्ताक्षर र दर्जा

SME Employee Benefit (Packaged) Policy

This space intentionally blank.

POLICY DATE _____ POLICY NUMBER _____

POLICY HOLDER _____

POLICY ANIVERSARIES _____

PREMIUM DUE DATES _____

RIDERS ATTACHED _____

American Life Insurance Company (herein called the Insurance Company) in consideration of the Application for this Policy and of the Payment of premiums as provided in the Policy, hereby

AGREES TO PAY

benefits in accordance with and subject to the terms of the Policy

The Policy takes effect on the Policy Date shown above.

Premiums are payable by the Policyholder in amounts determined as hereinafter provided. The first premium is due on the Policy Date, and subsequent premiums are due on the Premium Due Dates shown above. The Sections set forth on the following pages of the Policy and attached Riders are part of the Policy. IN WITNESS WHERE OF, American Life Insurance Company has caused the Policy to be executed as of the Policy Date.

Date Prepared _____

Registrar

APPLICATION AND ACCEPTANCE

Application is hereby made to the Insurance Company by the Policyholder for this Policy (and attached Riders) under which insurance is provided, the terms of which are approved and accepted by the Policyholder to take effect on the Policy Date following signature by the applicant. It is agreed that this Application supersedes any previous Application for this Policy.

Dated at: _____

(Name of Policyholder)

Dated on: _____

by: _____

(Signature and Title)

सामूहिक जीवन बीमालेख अनुसूची (Group Life Insurance Policy Specifications)

बीमालेखधारक

बीमालेख नं.

बीमालेख लागू हुने मिति :

क) बीमाको आधार (Basis of Insurance) : यो बीमालेख अन्तर्गत बीमाको आधार

योगदान गर्नु नपर्ने

हुनेछ ।

यस करार अनुरूप योगदान गर्नुपर्ने बीमा (Contributory Insurance) भन्नाले कर्मचारीले बीमाशुल्कमा योगदान गर्नुपर्ने भन्ने बुझिन्छ र योगदान गर्नु नपर्ने बीमा (Non-contributory Insurance) भन्नाले कर्मचारीले बीमाशुल्कमा योगदान गर्नु नपर्ने बीमा भन्ने बुझिन्छ ।

ख) बीमा योग्यता (Eligibility) : (बीमालेख सामान्य शर्तको नियम ८ हेर्नुहोस् ।)

नेपाल अधिराज्य स्थित बीमालेखधारकको कार्यालयमा बीमालेख मितिमा बहाल रहेका, ६५ वर्ष भन्दा कम उमेरका, सक्रियरूपमा कम्तिमा प्रति हप्ता ३० घण्टा काम गर्ने सबै नियमित रूपमा काम गर्ने कर्मचारीहरूलाई बीमा योग्य मानिनेछ। साथै उल्लेख गरे अनुसार ६५ वर्ष भन्दा कम उमेरका, पूर्ण समय सक्रियरूपमा काम गर्ने गरी नियमित रूपमा नियुक्ति पाउने आधारमा नयाँ कर्मचारीहरू बीमा योग्य मानिनेछ।

ग) बीमा सुरक्षा (Insurance Coverage) : (सामूहिक जीवन बीमालेखको नियम २ हेर्नुहोस् ।)

प्रत्येक बीमा योग्य कर्मचारीको लागि, SME Employee Benefit (Packaged) विवरण र बीमाशुल्क गणना फारममा वा बीमा लागू अवधीको बीमाशुल्क विलिङ्गमा तोकिए बमोजिम ।

घ) बीमा सुरक्षामा परिवर्तन (Change in Insurance Coverage):

(बीमालेख सामान्य शर्तको नियम १० हेर्नुहोस्)

नियम १० अनुसार बीमा सुरक्षामा हुने कुनै पनि परिवर्तन मिति)

मिल्न आउने बीमाशुल्क तिर्नुपर्ने मितिमा वा परिवर्तनको लगत्तै आउने बीमा शुल्क तिर्नु पर्ने मिति

देखि लागु हुनेछ ।

GROUP LIFE INSURANCE POLICY SPECIFICATIONS

POLICY HOLDER _____

POLICY NUMBER _____ POLICY EFFECTIVE DATE _____

(a) **BASIS OF INSURANCE:** The Basis of Insurance under this Policy shall be Non-Contributory Under this provision, Contributory insurance for which the Employee contributes toward the premium and Non-Contributory insurance shall mean insurance which is provided at no cost to the Employee.

(b) ELIGIBILITY:

(See Clause 8-The Policy – General Provisions)

All full-time regular employees actively at work in the Policyholder's office in Nepal, for at least 30 hours per week, under 65 years of age, in service on the Policy date, are eligible on that date. Subsequently hired employees, as described above, under age 65, shall eligible immediately upon hire on a full-time regular active basis.

(c) INSURANCE COVERAGE:

(See Clause 2 of the Policy)

Amount of Insurance

Each Eligible Employee: As indicated in the SME Employee Benefit (Packaged) Census & Premium Calculation Form or Premium Billing Details of effective period.

(d) CHANGE IN INSURANCE COVERAGE:

(See clause 10 – the Policy General Provisions)

Any changes insurance coverage due to the provisions of Clause 10 shall be effective

On the premium due date coinciding with or next following the change.

ड) कर्मचारीको व्यक्तिगत बीमाको अन्त्य (Termination of individual Employees Insurance) :

(बीमालेख सामान्य शर्त नियम ११ हेर्नुहोस्)

कर्मचारीको बीमा, बीमालेख सामान्य शर्त नियम ११को प्रावधान बमोजिम मितिमा अन्त्य हुनेछ ।

निजको ६५ औं जन्म

N/A

च) बीमा शुल्कको गणना (Computation of Premiums)

(सामूहिक दुर्घटनाको कारण मृत्यु सम्बन्धि अतिरिक्त करारको नियम ५ हेर्नुहोस् ।)

दुर्घटनाको कारण मृत्यु सम्बन्धी अतिरिक्त करार अनुरूप बीमा शुल्क प्रति हजार

N/A

हुनेछ ।

N/A

छ) मृत्युबाठ हुने बीमालाभको अवधि थप (Extension of Death Benefit) :

(सामूहिक जीवन बीमालेखको नियम ५ हेर्नुहोस्) बीमा शुल्क तिर्न छाडेको अवस्थामा कर्मचारीको मृत्यु भएमा बीमाका लाभहरु नियम ५ मा उल्लेख भए अनुरूप मात्र भुक्तानी गरिनेछ ।

निरन्तर १२ महिना भित्र ।

N/A

ज) बीमा शुल्कको गणना (Computation of Insurance Premiums):

(सामूहिक जीवन बीमालेखको नियम ७ हेर्नुहोस्)

बीमालेख एक वर्ष पुग्नु अगावै निर्धारण गरिएको प्रति हजार औसत मासिक बीमाशुल्क

N/A

हुनेछ ।

यस बीमालेखमा उल्लेख भएको मितिमा यसमा उल्लेखित साक्षीहरुको रोहवरमा, अमेरिकन लाईफ इन्स्योरेन्स कम्पनी ले यो बीमालेख र यसको अतिरिक्त करारहरु जारी गरेको छ ।

रजिष्ट्रार

तयार भएको मिति

(e) TERMINATION OF INDIVIDUAL EMPLOYEE'S INSURANCE:

(See Clause 11 – The Policy – General Provisions)

The Employees insurance shall terminate under the provisions of Clause 11 on the date the Employee
Reaches his Sixty five birthday.

N/A

(f) COMPUTATION OF PREMIUMS:

(See Clause 5 of the Group AD Rider)

The premium rate per 1,000 of Insurance under the Group Accidental Death Rider shall be

N/A

N/A

(g) EXTENTION OF DEATH BENEFIT:

(See Clause 5 of the Group Life Policy)

Benefits shall only payable under the terms of Clauses 5, if following the discontinuance of premium payments, the employee dies;

Within twelve consecutive months.

N/A

(h) COMPUTATION OF PREMIUMS:

(See Clause 7 of the Group Life Policy)

The Average monthly premium rate per 1,000 of Life Insurance prior to the first Policy Anniversary shall be

N/A

IN WITNESS WHERE OF American Life Insurance Company, has caused this Policy and its Riders to be executed as of the Effective Date of the Policy as indicated hereon.

Registrar

Date Prepared _____



ENDORSEMENT NO.1

Attached to and forming part of the Group Policy No.

Issued by

AMERICAN LIFE INSURANCE COMPANY

to

By means of this Endorsement,

This Group Life Insurance Policy and any other insurance riders attached to this policy do not cover any loss (Insured's death, Disability) resulting from or caused directly or indirectly, wholly or partly by service, travel or flight in any kind of aircraft except as a fare paying passenger in an aircraft operated on a regular schedule by an incorporated common carrier for passenger service over its established air route.

Except as stated herein, all other terms and conditions of the Group Policy and its Riders remain unchanged.

IN WITNESS WHEREOF, American Life Insurance Company has caused this Endorsement to be executed to become effective on _

ACCEPTED FOR THE POLICYHOLDER

Signature

Title

Date

Registrar

Date



अनुमोदन संख्या १

सामूहिक बीमालेख नं. संग संलग्न तथा सोको अंग हुने

को नाममा

अमेरिकन लाइफ इन्स्योरेन्स कम्पनी

द्वारा
जारी गरिएको

यस अनुमोदन पत्रद्वारा निम्न लिखित प्रावधान सामूहिक जीवन बीमालेखमा समावेश गरिएकोछ ।

यस सामूहिक जीवन बीमालेख र यसमा समावेश अन्य अतिरिक्त करारहरूले नियमित बायुसेवाको नियमित रुठको भाडा तिर्ने यात्रुको रूपमा यात्रा गर्दाको अवस्थामा भएको उडानमा बाहेक अन्य हलुका वा अन्य किसिमको उडान वा उडान सम्बन्धि कार्य (Navigation) गर्दा, प्रत्यक्ष वा अप्रत्यक्षरूपमा भएको आंशिक वा पुर्ण क्षति (बीमितको मृत्यु, कुनै किसिमको असक्तता) को क्षतिपूर्ति गर्ने छैन ।

यहाँ उल्लेख भए बाहेक सामूहिक जीवन बीमालेख र यसका अतिरिक्त करारहरूको अरु सबै नियम, शर्त तथा प्रावधानहरू अपरिवर्तित रहनेछ ।

यस अनुमोदनमा उल्लेखित साक्षिहरूको रोहवरमा अमेरिकन लाइफ इन्स्योरेन्स कम्पनी ले यो अनुमोदन मिति देखि लागुहुने गरि जारी गरेको छ ।

बीमालेखधारकको तर्फबाट स्वीकार गरिएको

हस्ताक्षर

पद

मिति

रजिष्ट्रार

मिति

GROUP PERSONAL ACCIDENT INSURANCE RIDER SPECIFICATIONS

POLICYHOLDER:
POLICY NUMBER:
RIDER EFFECTIVE DATE:
RIDER EXPIRY DATE: AS PER THE POLICY-GENERAL PROVISIONS AND UNIFORM PROVISIONS OF THE RIDER
COUNTRY OF ISSUE: NEPAL
CURRENCY: NPR.
SCOPE OF COVERAGE: 24 HOURS, WORLD WIDE (EXCEPT COUNTRIES MENTIONED IN GENERAL EXCEPTION)

CLASSIFICATION OF INSURED PERSONS

The insurance under this Rider applies only to the group of Insured Persons and only with respect to those coverage for which an amount is specified. The amount so specified shall apply to each Insured Person per accident subject to all terms of the Policy and its Riders having reference thereto.

CLASS

DESCRIPTION

SCHEDULE OF BENEFITS

- BENEFIT A:** **LOSS OF LIFE ACCIDENT INDEMNITY**
Each Insured Person: As indicated in the SME Employee Benefit (Packaged) Census & Premium Calculation Form or Premium Billing Details of effective period.
- BENEFIT B:** **DISMEMBERMENT, LOSS OF SIGHT, HEARING SPEECH INDEMNITY.**
Each Insured Person: As indicated in the SME Employee Benefit (Packaged) Census & Premium Calculation Form or Premium Billing Details of effective period.
- BENEFIT C:** **TOTAL AND PERMANENT DISABILITY**
Each Insured Person: As indicated in the SME Employee Benefit (Packaged) Census & Premium Calculation Form or Premium Billing Details of effective period.

Annual Premium for Benefit A, Benefit B & Benefit C: As per SME Employee Benefit Packages
- BENEFIT D:** **WEEKLY ACCIDENT INDEMNITY**
Each Insured Person: As indicated in the SME Employee Benefit (Packaged) Census & Premium Calculation Form or Premium Billing Details of effective period.
Elimination Period: 7 Days
Annual Premium for Benefit D: As per SME Employee Benefit Packages
- BENEFIT E:** **ACCIDENT MEDICAL EXPENSE REIMBURSEMENT**
Amount per Person per accident: As indicated in the SME Employee Benefit (Packaged) Census & Premium Calculation Form or Premium Billing Details of effective period.
Deductible: NPR 500
Annual Premium for Benefit E: As per SME Employee Benefit Packages
- BENEFIT F:** **ACCIDENT IN – HOSPITAL INCOME (WEEKLY BENEFIT)**
Each Insured Person: Not Applicable
Annual Premium for Benefit F: Not Applicable
- BENEFIT G:** **ACCIDENT AND SICKNESS IN – HOSPITAL (WEEKLY BENEFIT)**
Each Insured Person: As indicated in the SME Employee Benefit (Packaged) Census & Premium Calculation Form or Premium Billing Details of effective period.
Elimination Period for Sickness In – Hospital: One Day (24 Hours)
Waiting Period for Sickness In – Hospital: 31 days from effective date of insurance
Annual Premium for Benefit G: As per SME Employee Benefit Packages

Aggregate Limit of Liability: Average Sum Insured of group X 7 times

REGISTRAR

Date

सामूहिक व्यक्तिगत दुर्घटना बीमा अतिरिक्त करार अनुसूची

बीमालेखधारक (POLICYHOLDER):

बीमालेख नं. (POLICY NUMBER):

अतिरिक्त करार लागू हुने मिति (RIDER EFFECTIVE DATE):

अतिरिक्त करार समाप्त हुने मिति (RIDER EXPIRY DATE):

बीमालेख सामान्य शर्तहरू र यस अतिरिक्त करारका सामान्य प्रावधानहरू
अनुसार

अतिरिक्त करार जारी भएको देश (COUNTRY OF ISSUE):

नेपाल

मुद्रा (CURRENCY):

ने.रु.

बीमा रक्षावरण क्षेत्र (SCOPE OF COVERAGE):

२४ घण्टा, विश्वभर (सामान्य अपवादमा तोकिएको देशहरू बाहेक)

बीमित व्यक्तिहरूको बर्गीकरण (CLASSIFICATION OF INSURED PERSONS) : यस अतिरिक्त करार अन्तर्गतको बीमा लाभहरू बीमित व्यक्तिहरूको समूहको लागि त्यस्तो बीमाले रक्षावरण गरेको लाभहरूको सन्दर्भमा तोकिएको लाभ रकमको हद सम्ममा मात्र लागू हुनेछ । त्यस्तो तोकिएको रकम प्रत्येक बीमित व्यक्तिको प्रत्येक दुर्घटनाको लागि बीमालेख र यसको अतिरिक्त करारहरूमा रहेको सबै शर्तहरूको अधिनमा रही लागू हुनेछ ।

बर्गीकरण

विवरण

लाभ अनुसूची

लाभ १ : दुर्घटना मृत्युलाभ (LOSS OF LIFE ACCIDENT INDEMNITY)

प्रत्येक बीमित व्यक्तिको लागि लाभ: **SME Employee Benefit (Packaged) विवरण र बीमाशुल्क गणना फारममा वा बीमा लागू अवधि**को बीमाशुल्क बिलिङमा तोकिए बमोजिम ।

लाभ २ : अंगभंग, दृष्टि, श्रवण, वाक् शक्ति क्षति/लाभ (DISMEMBERMENT, LOSS OF SIGHT, HEARING SPEECH INDEMNITY)

प्रत्येक बीमित व्यक्तिको लागि लाभ: **SME Employee Benefit (Packaged) विवरण र बीमाशुल्क गणना फारममा वा बीमा लागू अवधि**को बीमाशुल्क बिलिङमा तोकिए बमोजिम ।

लाभ ३ : पूर्ण र स्थायी अशक्तता (TOTAL AND PERMANENT DISABILITY)

प्रत्येक बीमित व्यक्तिको लागि लाभ: **SME Employee Benefit (Packaged) विवरण र बीमाशुल्क गणना फारममा वा बीमा लागू अवधि**को बीमाशुल्क बिलिङमा तोकिए बमोजिम ।

वार्षिक बीमाशुल्क लाभ १, लाभ २ र लाभ ३ का लागि : **SME Employee Benefit Packages अनुसार**

लाभ ४ : साप्ताहिक दुर्घटना लाभ (WEEKLY ACCIDENT INDEMNITY)

प्रत्येक बीमित व्यक्तिको लागि लाभ: **SME Employee Benefit (Packaged) विवरण र बीमाशुल्क गणना फारममा वा बीमा लागू अवधि**को बीमाशुल्क बिलिङमा तोकिए बमोजिम ।

लुप्त अवधि (Elimination Period) : ७ दिन

वार्षिक बीमाशुल्क लाभ ४ को लागि : **SME Employee Benefit Packages अनुसार**

लाभ ५ : दुर्घटना वापत औषधोपचार खर्च सोधभर्ना (ACCIDENT MEDICAL EXPENSE REIMBURSEMENT)

प्रत्येक बीमित व्यक्तिको लागि लाभ: **SME Employee Benefit (Packaged) विवरण र बीमाशुल्क गणना फारममा वा बीमा लागू अवधि**को बीमाशुल्क बिलिङमा तोकिए बमोजिम ।

कट्टी रकम (Deductible) : रु. ५००/

वार्षिक बीमाशुल्क लाभ ५ को लागि : **SME Employee Benefit Packages अनुसार**

लाभ ७ : दुर्घटना को कारण अस्पताल भर्ना आय-साप्ताहिक लाभ (ACCIDENT IN-HOSPITAL INCOME-WEEKLY BENEFIT)

प्रत्येक बीमित व्यक्तिको लागि लाभ: **लागू नभएको**

वार्षिक बीमाशुल्क लाभ ७ को लागि : **लागू नभएको**

लाभ ७ : दुर्घटना र बिरामीपनको कारण अस्पताल भर्ना आय-साप्ताहिक लाभ (ACCIDENT AND SICKNESS IN-HOSPITAL-WEEKLY BENEFIT)

प्रत्येक बीमित व्यक्तिको लागि लाभ: **SME Employee Benefit (Packaged) विवरण र बीमाशुल्क गणना फारममा वा बीमा लागू अवधि**को बीमाशुल्क बिलिङमा तोकिए बमोजिम ।

बिरामीपनको कारण हुने अस्पताल भर्नाको लागि लुप्त अवधि (Elimination Period) : १ दिन (२४ घण्टा)

बिरामीपनको कारण हुने अस्पताल भर्नाको लागि प्रतिक्षा अवधि (Waiting Period) : बीमा लागू मिति देखि ३१ दिन सम्म

वार्षिक बीमाशुल्क लाभ ७ को लागि : **SME Employee Benefit Packages अनुसार**

सम्पूर्ण दायित्वको सीमा (Aggregate Limit of Liability) : समूहको औषत बीमांक रकमको ७ गुणा

रजिष्ट्रार

मिति

Group Administration Guidelines
Attached to and Forming Part of Group Insurance Policy No.

Enrollment Changes

- a) All Employee additions and changes in beneficiary designation should be reported through completed Enrollment Forms (G-42 forms). A stock of Enrollment Forms can be obtained from our Office.
- b) Deletions of Employees; maintenance of volume, class, salary (if volume is a multiple of salary); additions and deletions of dependents can be reported either through telex, facsimile, letter of confirmation or completed Enrollment Form. The effective date of enrollment changes must be advised along with the full details of the changes such as the new volume; names of the added dependents, their dates of birth and relationship to the Employee. Please ensure to quote on all enrollment changes reported the Employee's certificate number assigned on the Insurance Certificates/premium billings /enrollment listings issued by MetLife.

Documents Required

All additions, deletions and maintenance should be reported on a monthly basis **within 31 days** from the effective date of such enrollment changes. The effective date of an Employee's addition is the date of his hire as a full-time permanent Employee as specified under Clause 8 of the Policy General – Provisions.

MetLife will not accommodate any premium refunds on enrollment deletions reported **retroactively** for periods **exceeding 31 days** from their respective eligibility dates.

- **Self Health Statement (G-42 form):** If any addition or maintenance request is **not** reported to MetLife within 31 days of its respective eligibility date, a Self Health Statement (G-42 form) should be filled out by the Employee before MetLife can approve his coverage and/or his dependents' coverage. Coverage will be effective on the date MetLife approves the submitted Self-Health Statement (G-42 form). A stock of Self-Health Statements (G-42 forms) can be obtained from our Office.

Please attach any of the above requirements where applicable, before sending any enrollment changes.

Premium Payment

We kindly request that due premiums **be promptly paid as billed**. Clause 5 of the Policy – General Provisions states grace period of 31 days, without interest charge will be allowed. If any premium is not paid before the expiration of the grace period the policy shall terminate at the end of such grace period.

Any discrepancy in the premium billing should be **immediately** notified to MetLife so that the corresponding debits/credits would be reflected in the next billing. Please note that the billings reflect the respective premium on each employee by each insurance benefit.

It is important to note that **prompt** premium payments eliminate claims suspended due to outstanding premium, and will speed up claims settlement.

Policy Endorsements

As the Group Insurance Policy remains in force, some benefit modifications are necessary to suit your requirements. We kindly ask that you forward a duly signed copy of any Policy Endorsements as soon as received so we can fully implement the contractual obligations under this policy.

Claims

All incurred claims should be reported to MetLife **within 30 days** from their dates of occurrence and all necessary claim documents should be submitted to MetLife within **maximum 90 days** from their dates of occurrence. Claims are to be duly completed as per the procedures for submission of claims.

Death & Disability Claims

The attached list outlines the required claims documents.

Please note that well-documented claims, which are received within the reporting time frame, will result in speeding up claims settlements. A stock of Claims Forms can be obtained from our Office.

DEATH, DISABILITY AND GPA CLAIMS REQUIREMENTS

DEATH CLAIM:

MetLife requires the following documents in order to process a death claim. All claim documents should be submitted either in English or Nepali. An official translator prior to submission must translate documents in other languages.

- 1) Claimant's statement completed by each designated beneficiary and certified by a notary public. In countries where no notary public exists, the claimant's statement can be signed by the Policyholder. Necessary form will be provided by MetLife upon claim notification.
- 2) Letter from the Employer indicating the last day the deceased employee reported to the office on a full-time basis and the date he was terminated from records.
- 3) Copy of the most recent beneficiary designation form as per Employer's records.
- 4) Physician's statement completed by the last attending physician at time of death. Necessary form will be provided by MetLife upon claim notification.
- 5) Copy of original death certificate issued by local registrar office attested by Notary Public. If death occurs outside the country of policy issue, the death certificate to be certified by the concerned government agency where death occurs and then certified by the Embassy of the country of policy issue in that country.
- 6) Copy of the deceased's passport, birth certificate or official I.D attested by notary public.
- 7) Copy of each of the beneficiary(ies) citizenship certificate or passport attested by notary public.
- 8) Copy of Relationship certificate clearly showing relationship among the deceased & the beneficiary(ies) attested by notary public.
- 9) Police Report required **ONLY** in case of accident or unclear circumstances of death, if available.
- 10) Coroner's Report/ Autopsy required **ONLY** in case of accident or unclear circumstances of death.
- 11) Newspaper clipping advising of employee's death, if available.
- 12) Copy of the last Pay Slip prior to death, in case the claim is different from the covered amount.
- 13) Any other documents that MetLife finds necessary to process the claim based on its peculiarities.

TOTAL DISABILITY CLAIM:

MetLife requires the following documents in order to process a total disability claim. All claim documents should be submitted either in English or Nepali. Documents in other languages must be translated by an official public translator prior to submission.

- 1) A filled out Accident Dismemberment Claim Report – Claimant Statement. Necessary form will be provided by MetLife upon claim notification.

- 2) A letter from the Employer indicating the last day the disabled employee reported to the office on a full-time basis.
- 3) A detailed medical report prepared by a specialist physician in the area of reported disability assessing the degree of disability along with x-ray films and any CT scans performed during the disability waiting period.
- 4) Police Report, if available.
- 5) Copy of the last Pay Slip prior to disability, in case the claim is different from the covered amount.
- 6) Any other documents MetLife finds necessary to process a claim based on its peculiarities.

GPA CLAIM:

MetLife requires the following documents in order to process a group personal accident claim. All claim documents should be submitted either in English or Nepali. Documents in other languages must be translated by an official public translator prior to submission.

1. Claim notification from the policyholder mentioning name of the insured, date of accident, nature of accident, and group policy number.
2. Detailed medical reports (Emergency note, admission summary, and discharge summary) prepared by a specialist physician along with x-ray films and CT scans and other test reports performed during the course of treatment.
3. Original medical bills/receipts.
4. A letter from the Employer mentioning the date from which insured took leave for the treatment of his/her injury/illness and date of his/her joining the office.
5. Claimant's Statement completed by the insured. Necessary form will be provided by MetLife upon claim notification.
6. Physician's Statement completed by the attending Physician. Necessary form will be provided by MetLife upon claim notification.
7. Employer's Statement completed by the employer. Necessary form will be provided by MetLife upon claim notification.
8. In case of death and disability under GPA the required documents shall be as per the death and disability claims requirements mentioned above.
9. Any other documents that MetLife finds necessary to process the claim based on its relevance.

Accepted for the Policyholder

Signature

Registrar

Title

Date

Date