

# Claim Notification



## Claim Notification

We would like to ensure that your claim is processed smoothly and as quickly as possible.

If an event occurs that might entitle you to any benefit, please report it to our company without undue delay. Please use Claim Notification forms to report the event.

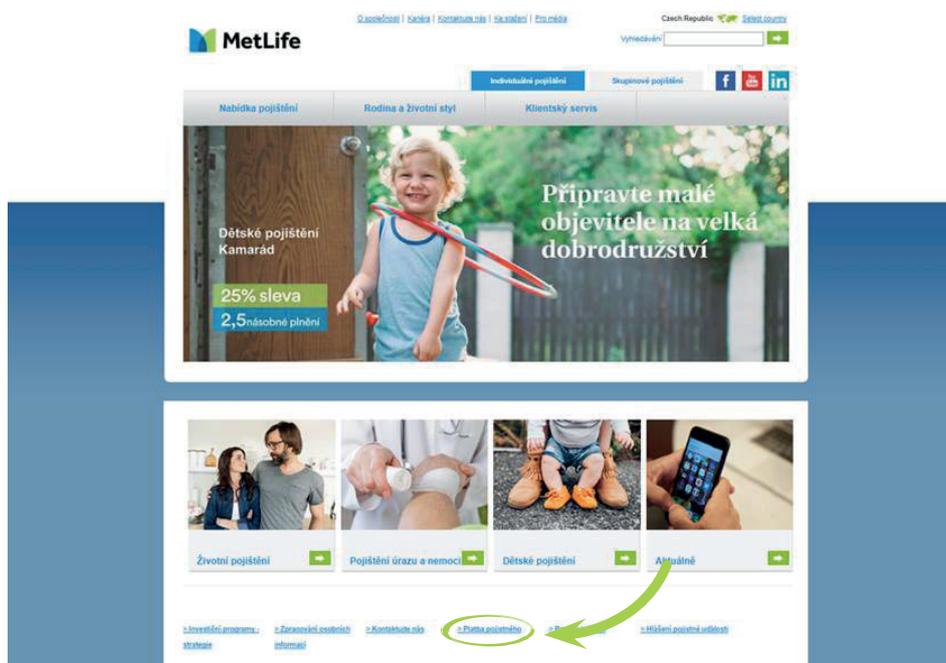
Please also kindly provide us with all the important materials that will enable us to assess your claim in line with the insurance terms and conditions of your insurance policy.

Please send us all documentation in a timely manner so that we can start processing your claim as soon as possible.

## Where can you find the necessary forms?

Claim Notification forms in Czech are available on the company's website [www.metlife.cz](http://www.metlife.cz).

If you need Claim Notification forms in English, please contact our Call Center.



Claim Notification forms are interactive and you can fill them in using the pdf format without leaving our web site. **All forms must be printed out and signed once you have filled them in.**

If you would prefer to receive Claim Notification forms in paper form, please contact our Call Center by calling **227 111 000** (when calling this number you can use free minutes provided by your mobile phone operator).

# All Sorts of Claims (except Death Claims)

For this type of claim use [Claim Notification forms 1a/1b](#), which you can find on our website, in the section “Všechny typy pojistných událostí (kromě úmrtí)”.

You (as the insured person) fill in form 1a. If the insured person is under 18 years of age, the form is filled in by his legal guardian. If a child has two legal guardians, the one who is also the policyholder fills in the form. When filling in the form, please answer all the questions relating to your injury or illness truthfully and completely. Do not forget to sign on the back of the completed form and state the date.

Please submit the form 1b to the attending doctor for filling in. We will inform you by a letter sent to the correspondence address stated in the form 1a once your claim has been processed.

If the benefit exceeds CZK 50,000 we will require an officially verified signature.

## Documents required with Claim Notification forms 1a/1b

**Please attach the following documents to the completed Claim Notification forms 1a/1b:**

- a copy of **the medical report** made out immediately after the injury occurred or after the first symptoms of illness appeared (for all types of insurance)
- a copy of **the police report** if the accident was investigated by the Police (for all types of insurance)
- a copy of the medical report describing any surgery that was performed
- a copy of **the complete hospital discharge report** (for every case of hospitalisation), if you were hospitalised
- when claiming daily benefit for incapacity for work (or claiming the Waiver of premium on the grounds of incapacity for work), please attach the following in addition to the above:
  - a copy of the confirmation of incapacity for work
  - a copy of records of medical check-ups performed during the period when you were treated for the injury or suffering from the illness that you are reporting
  - if your insurance requires you to prove your income, please attach a document confirming your income (the details are given in the insurance terms and conditions covering your insurance)
  - if your insurance is conditioned by your participation in public sickness insurance, please attach a document confirming you have paid the premiums of your public sickness insurance for a period of 3 months before the start of incapacity for work (and throughout the duration of incapacity for work in the case of self-employed persons) or a document confirming you have been receiving sickness benefit
- when claiming the Waiver of premium on the grounds of permanent disability or because of Permanent disability insurance, please attach a copy of the Disability Assessment issued by the Czech Social Security Administration.

# Claim on the grounds of the death of the insured person

Claim Notification forms 2a/2b should be used to report this type of insured event. You can find the forms on our website, in the section "Pojistné události z důvodu úmrtí pojištěného".

Claim Notification form 2a is filled in by the beneficiary designated by the insured person in the insurance policy or defined under the provisions of the relevant law. For persons under the age of 18, the form is filled in by their legal guardian (in the case of more guardians, any of them can fill in the form). Please answer all the questions in the form truthfully and completely. Do not forget to sign the completed form on the back and state the date. Please submit the form 2b to the insured person's general practitioner or attending doctor for filling.

## Identification

One part of form 2a is an identification of the beneficiary, or the legal guardian in the case of under-18s.

Every beneficiary has to have his identification confirmed, if the payment of benefit amounts to CZK 20,000 or exceeds this limit (under the terms of Act No. 253/2008, on certain measures against the legalisation of the incomes of criminal activities and combatting the financing of terrorism).

We can perform the identification free of charge during a face-to-face meeting using your ID card or passport either through an authorised employee of our company or through an insurance agent.

The identification can also be performed by a municipal authority, a notary or some other authorities in exchange for the relevant fee. We recommend you use the services of our company's employees and insurance agents, as our company will not reimburse you for the cost of the fee.

## Documents required with Claim Notification forms 2a/2b

Please attach the following to the completed Claim Notification forms 2a/2b:

- a copy of **the hospital report** if the insured person was hospitalised
- a copy of **the police report** of the investigation of the accident causing the death, if the accident was investigated by the Police
- a copy of **the beneficiary's ID card** or passport
- a copy of **the birth certificate**, if the beneficiary is a child without an ID card or passport
- an officially verified copy of the death certificate (official verification can be performed by a municipal authority, Czech Post or a notary) or a copy created by a MetLife employee at a face-to-face meeting.

Send the completed forms and all the required documents to the following address: MetLife Europe d.a.c., pobočka pro Českou republiku, Purkyňova 212/3, 110 00 Prague 1. When the claim has been processed, the beneficiary will be informed by a letter sent to the address given in Claim Notification form 2a.

If the benefit exceeds CZK 50,000 we will require a verified signature.

## To wrap things up...

Once we have received all the specified materials, our company will begin an investigation of the claim as required by law. If we need additional information or materials from you to assess your claim, we will contact you with a request or, where applicable and if possible, we will verify the information with the attending doctor.

### Contact

If you have any questions, please contact our Call Center on **227 111 000**.



## About MetLife

Since 1868, we guarantee stability and reliability. Each day, about 65 000 employees care for more than 100 million clients who rely on us in 50 countries around the world. We are among the top 3 largest players in the US, Mexico, Brazil, Chile, Russia and Japan.

In the Czech Republic, we are primarily an expert on life and accident insurance and employee benefits. We are among the leaders in group insurance.