

Early Intervention Request Form

MetLife
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To be completed by the employer

This form is for the employer to instigate the Early Intervention process under the policy. Please ensure the employee completes the Early Intervention Consent Form at the same time. HCB Group (HCB), our Early Intervention partners, may need to contact you about this referral.

Employer name

Policy number

Employee name

Date of birth

D D M M Y Y Y Y

Employee address

City

County

Postcode

Employee telephone number

Date joined company

Date joined scheme

D D M M Y Y Y Y D D M M Y Y Y Y

If the employee did not join the scheme at their first opportunity, please explain why

Employee's cause of absence

Employee's date first absent

Employee's occupation

D D M M Y Y Y Y

Has any 'return to work' activity taken place? If yes, please provide details. Yes No

A case manager from HCB may need to contact you to discuss the referral. If you'd prefer them to speak with a colleague, please complete the boxes below.

Name

Job title

Phone number

Email address

Data Protection

MetLife is a data controller in respect of any personal data you provide to us. The ways in which MetLife may collect, share or process personal data are explained in MetLife's Privacy Notice. MetLife's Privacy Notice also explains the rights of data subjects regarding personal data. A copy of MetLife's Privacy Notice is available on our website, www.metlife.co.uk.

Should you have any questions or concerns, please contact the MetLife Data Protection Officer at dataprotectionuk@metlife.com.

Print name

Signed

Date

D D M M Y Y Y Y

Job title

Contact number

Email address

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