

Early Intervention request

PO Box 1411
Sunderland
SR5 9RB

0800 917 1222
metlife.co.uk

To be completed by the employer

Employer name (the 'scheme')

Policy number

Employee name

Date of birth

D D M M Y Y Y Y

Employee address

City

Country

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

What has prompted you to make this referral? (For example, details on level/type of support required, any medical conditions affecting the employee, how they are affected in the workplace, and any other concerns or factors affecting them).

Employee's date first absent

Employee's occupation

D D M M Y Y Y Y

What support have you already considered or implemented to support your employee?

Is your employee currently absent from the workplace?

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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