

# Early Intervention request

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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

Print name (Line, HR or Senior Manager)

Signed

Date

D D M M Y Y Y Y

Position

Contact number

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