

# TAG CASH CLAIM APPLICATION FORM

**METROPOLITAN**  
Life Insurance Ghana LTD



Metropolitan House, 81 Tabor Link, North Ridge Crescent, North Ridge near DHL Ghana,  
PMB CT 456, Cantonments, Accra, Ghana. **Digital H/O Location Address:** GA-015-0121,  
**W:** www.metropolitan.com.gh, **T:** +233 30 263 3933

## 1 Subscriber Details

First Name:  Last Name:

Date of Birth:         Policy Number:  Gender:

Association/Union's Name:  Mobile Number:

DVLA License Number:  Region:

## 2 Cash Payment Option: Admission Hospital Cash Benefit Accidental Hospital Cash Benefit

### ADMISSION HOSPITAL CASH:

Hospital Admission Date:

Hospital Discharged Date:

Name of Hospital Admitted:

Town:

Region:

Self-Claim:  For Other:

Name (For Other):

Claims' Document Available: Doctors' Discharge Report:

Hospital Receipts:  Other (specify):

### ACCIDENTAL HOSPITAL CASH:

Hospital Admission Date:

Hospital Discharged Date:

Name of Hospital Admitted:

Town:

Region:

Self-Claim:  For Other:

Name (For Other):

Claims' Document Available: Doctors' Discharge Report:

Hospital Receipts:  Police Report:

Other (specify):

## 3 Subscriber/Beneficiary Declaration & Signature

I declare and affirm to the entire rules and regulations set out under the scheme for discharge of the funds liability or claim to me as agreed.

Subscriber/Beneficiary Signature:

Date:

Submit Claims: Online:  WhatsApp:

**Together we can**

