

## Certificate of Attendance

### Privacy Information

MetLife recognises the importance of protecting you and your patient's personal information, and is committed to complying with its Privacy Law obligations. To find out more about how you may access or seek correction of your personal information, how we manage that information and our complaints process, please refer to the MetLife Privacy Statement, which is readily available and can be viewed at [www.metlife.com.au/privacy](http://www.metlife.com.au/privacy)

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### Group Life Insurance

I certify that all employees joining the \_\_\_\_\_  
 were actively at work on the \_\_\_\_\_ (dd/mm/yyyy) / /  
 or absent for reasons other than injury or illness with the following exceptions

Name	Reason for absence

Trustee or Authorised Officer	Date (dd/mm/yyyy)
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### Please return completed form to

MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or email [auservices@metlife.com](mailto:auservices@metlife.com)  
 For enquiries or assistance with the completion of this form, please call 1300 555 625  
 Monday to Friday 8am - 6pm AEST.

**metlife.com.au**

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