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OVERVIEW

MetLink is a secure, externally facing web site accessible to benefit administrators and brokers of MetLife’s group customers. The portal provides users with a variety of capabilities and features that grant access to participant information and enables administrators to conduct transactions supporting the administration of the MetLife products offered.

Note: Not all functionality and features in this User Guide will actually be available to all customers.
**METLINK HOME PAGE**

Your Disability Claims information can be accessed from the MetLink Home Page in two ways.

1. From the Resources tab on the top navigation bar.
2. From the “Your Quick Links” features assigned to you by MetLife.

**Other Links and Features Accessible from the MetLink Home Page**

- **Help**: Tips on Access, User Name/Passwords, Security, Hardware/Software Compatibility, Live Customer Support and other general information.
- **Contact Us**: Will allow you to send a message to a web customer service representative. This should not be used for claim related questions.
- **Profile**: Will allow you to manage your own password and contact information as well as subscribe to Email Notifications.
- **Sign Out**: This is the most secure way to exit MetLink. For security reasons, you will automatically be signed off after 30 minutes of inactivity.
DISABILITY EMAIL NOTIFICATIONS
Customers may elect to sign up for automatic email notifications when a claim(s) within their security access has had a major change in status (new submission, new approval, new denial, new closure or a Return to Work [RTW] update).

- Emails are sent at the end of each business day
- One e-mail will be sent to the user to direct them to the Check a Claim feature in MetLink
- The email does not indicate the employee’s name, claim number or any other detail
- Users have the option to subscribe or unsubscribe for the email alert

To subscribe to the email alerts, click on the “Profile Button” above the top navigation bar and then edit the email subscription notification data below the user profile details.
Edit Your Profile: Pat Jones

Manage E-mail Subscription Information

<table>
<thead>
<tr>
<th>Category</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td><a href="mailto:pjones@acme.com">pjones@acme.com</a></td>
</tr>
<tr>
<td>Disability Claims Status Update Notification</td>
<td></td>
</tr>
<tr>
<td>List Billing</td>
<td><a href="mailto:pjones@acme.com">pjones@acme.com</a></td>
</tr>
<tr>
<td>Product Bill Notification</td>
<td></td>
</tr>
<tr>
<td>Total Absence Management (TAM)</td>
<td><a href="mailto:pjones@acme.com">pjones@acme.com</a></td>
</tr>
<tr>
<td>Absences Subscription</td>
<td></td>
</tr>
<tr>
<td>Payroll Deduction</td>
<td><a href="mailto:pjones@acme.com">pjones@acme.com</a></td>
</tr>
<tr>
<td>Payroll Deduction Notification</td>
<td></td>
</tr>
</tbody>
</table>

[Submit] [Cancel]
Your profile has been updated.

If you wish to change the e-mail address, Phone Number or password you’ve specified for MetLink, please use the edit button.

User Name: pjones22
E-mail Address: pjones@acme.com
Phone Number: (000) 000-0000
Password: *********

Disability E-mail Address: pjones@acme.com
• Disability Claims Status Update Notification

Payroll Deduction E-mail Address: pjones@acme.com
• Payroll Deduction Notification
DISABILITY CLAIMS
From the MetLink Home Page, click on Claims, then Disability as shown in the below example to be directed to the Disability Claims Home page.
DISABILITY CLAIMS HOME PAGE

The Disability Claims Home Page provides you with real-time access to Disability Claim Information including claim status, claim payment, the ability to file a new claim and other claim details.

- **Check an Existing Claim** – real-time access to Disability Claim Information including claim status, claim payment and other claim details.
- **File a New Claim** – quick access to File a New Claim for Disability.
Check A Claim Query View
Select your “Customer Name” from the Your Customers drop-down box. (If your access is limited to one customer, no selection is required).

Search for existing Disability Claims through one of the options listed below:

- **Current Claims** – to view an aggregate list of all your current claims
- **Individual Employee or Claim** - search using one of the following:
  - Claim Number
  - Employee’s Last Name (at least first two letters)
  - Social Security Number
  - Employee ID
- **Daily Status View** – displays 31 days of claim history

**Note:** You can only inquire on a claim that matches your security profile. If the claim has been closed for more than 60 days (from the benefit end date), you will need to use the claim search number.
Claim Summary View
Searching by an Employee’s Last Name from the main Check-A-Claim page will take you directly to the Claims Summary screen.

Clicking on a Claim Number will take you to the Claim Detail Page.
Employee Summary View

Searching by an Employee’s Social Security Number or Employee Identification Number from the main Check-A-Claim page will take you directly to the Employee Summary screen. This page shows all claims associated with the employee.

Clicking on a claim number will take you to the Claim Detail Page. You can also begin to File a New Claim from this page.
**Current Claims View**

Select the **Current Claims** button from the Check a Claim home page to view an aggregate list of all disability and family/medical leave act claims that match your user security profile. Clicking on any of the underlined links under claim types will open the **Current Claim Summary** view with more detailed information.

**Quick Tip:** You may perform a “Search for an Individual Employee or Claim” query without having to return to the main page. Just look for this box on the top right section of each screen. This feature is available on all Check a Claim views.
**Current Claim Summary View**

You can sort the Current Claim Summary view even further by clicking on the red arrow icon in the columns to sort the headers.

Clicking on the Claim Number will take you to the Claim Detail page.

**Claim Detail View**

This view contains details all the information used to process your employee’s claim. The header provides basic employee information including the employee name, a masked SSN, date of birth, employee ID Number, Claim Type, Claim Number and the Date Last Worked. The data can be updated from the Edit links.

The Employee Claim Summary, Attending Physician Forms and Diary Notes can be accessed by clicking on the yellow buttons under the header information.

You can send messages or attachments to MetLife regarding the claim.

You can review and confirm the claim status (approved, denied, pending, closed), approval dates, exact benefit payment details for insured Short Term Disability or Long Term Disability or benefit approval periods for Advice to Pay.

An explanation is provided for claims in pended, suspended, closed or denied statuses.

Other basic claim details are also provided to help you manage day to day activities for this particular employee by allowing you to monitor the progress of the claim.

**Note:** The payment information section will vary for customers where MetLife does not have fiduciary responsibility.
FMLA Claim Details

For FMLA type of claims, the Claim Details view also includes Claim Status Information such as Eligibility, Approved and Remaining Hours and Leave Details.

Leave Details – FMLA Claims
Once a decision has been made about a request, the Leave Details page tracks the employee’s leave for each FMLA program type – federal, state and company – for each day where a leave was requested.
Claim as Submitted Online

Selecting the Claim as Submitted Online button from the FMLA Claim Details page allows you to view claim details as they were provided to MetLife via MetLink or MyBenefits.

You can return to the Claim Detail screen by clicking the yellow Claim as Processed button.
Edit Claim Data

Data updates/changes can be made by clicking on any of the edit links on the Claim Details page. Use the checkbox to select the data elements you wish to update:

- Accident
- Accident Date
- Address
- Date of Birth
- Date of Hire
- Date Last Worked
- Employee ID
- Gender
- Hours Per Week
- Insurance Effective Date
- Job Class
- Name
- Phone
- Return to Work Date
- Salary
- Work Related

Click the Save button to temporarily save your updates and Submit to send ALL of your saved updates to MetLife.
A confirmation message will appear to validate that the information has been sent to MetLife.

Information submitted to MetLife will be reviewed prior to updating the specific claim/absence and reprocessing where needed. MetLink will reflect the submitted updates once the MetLife review has been completed.
Messages/Attachments

Messages and Attachments can be sent to MetLife directly from the MetLink system.

Select a Subject Heading for the message from the drop down list:

- Child Date of Birth/Delivery Date
- Date Last Worked/RTW Information
- Job Specifics or Job Description Information
- Medical Information
- Other Information
- Phone Call Requests Only
- Salary and Salary Adjustments
- Work Schedule Changes

Click on the Attachment button to upload documents to MetLife. You may also include a message with your attachment(s).

Click on the Browse button to browse for an attachment. When you are finished selecting all of your documents, click save.
Visual indicators will confirm the attached file. Fill in your comments as necessary and click submit to send your attachment and message to MetLife.

A confirmation message will appear to validate that the information has been sent to MetLife.
FREQUENTLY ASKED QUESTIONS ABOUT DISABILITY CHECK-A-CLAIM

Q. I am clicking on an associated claim and cannot see the details. Why?

A. An associated claim is created when an employee has two claims for the same disability or leave of absence. For example, an employee might have a STD claim and a FMLA leave request for the same medical leave; these claims would be considered associated claims. There are a few reasons you may have trouble viewing associated claims:

First: Your user security profile may prevent you from viewing the associated claim. Verify that your security access allows you access to each claim. Your access is either based upon the ‘case structure’ of each claim (CDF Security - established by MetLife), or on an ‘entitlement key’ for each employee record (HR Security - established by your company). If your security access does not have the same case structure (CDF Security) as the associated claim, or entitlement key(s) (HR Security) for the associated employee(s), you will not be able to view or access the claim online.

Second: If you have CDF or HR Security access as outlined above, try viewing the claim details by selecting the "Check a Claim" tab in MetLink®. Type in the claim number where prompted and hit the "submit" button to view the claim details.

Q. I am viewing a claim, but cannot see salary- or payment-related details. Why?

A. Your user security profile may prevent you from viewing salary- and payment-related details of the claim. An option called “Financial Information” is set in your profile to either show or hide these fields. As this option is set at the case structure level, you may be able to see financial details for some claims, but not others.

Q. I am getting a security access error message and I don’t know why.

A. A user's security profile is based on either case structure (CDF Security) or entitlement key(s) (HR Security). If your user security profile does not have the same case structure as the claim you are trying to view, or does not have the same entitlement key(s) for the employee record(s) you’re trying to view, you will not be able to view or access the claim online. If you believe you are receiving this message in error, you can first check to make sure the claims team assigned the correct case structure to the claim, or entitlement key(s) to the employee record(s). If you still cannot access the claim, you will need to contact your account manager and request an update to your user security profile.

Q. How soon will I be able to view a claim online via MetLink?

A. If your claim is reported via the web or phone – you will be able to review the claim immediately. The claim details displayed by MetLink® are real-time, so as a case manager manages the claim, you can view claim changes and updates immediately online.
Q. When I enter a claim the information that is pre-populated on the claim form is incorrect. What shall I do?

A. The information that is pre-populated comes from the eligibility records your company provides to MetLife®. You can overwrite or type over the data in MetLink® to ensure MetLife® processes the claim with the most accurate and up-to-date information. However, doing this does not correct the eligibility records that we received from your institution. You should request that your benefits coordinator update the employee’s eligibility records as well. If you have access to the MetLink® Enrollment Services feature, some of the employee information is available to modify online.

Q. How can I view a closed claim if it has been closed for more than 60 days?

A. Claims will not be displayed online after they have been closed for 60 days. However, if you have the claim number you can inquire on a claim closed more than 60 days using the claim number search.

Quick Steps:

- Log-in to MetLink®
- Select Claims – Disability – Check Existing Claim
- Enter Employee Claim Number
- View Claim Detail Page

Q. Why does MetLink® automatically log me off after a certain period of time?

A. If there is no activity on the MetLink® application, the system will automatically log the user off. The auto log off is in place to ensure the security/privacy of the data.

Q. What if I forget my password?

A. During the registration process you are asked to provide answers to a few personal questions. If you forget your password, you can reset it yourself by clicking on the “get password help” link on the MetLink® Log-In Screen and then following the prompts to answer the personal questions correctly. You may also contact 1-877-9METWEB for password reset assistance.

Q. What if I discover that I have to make a change to a claim that was already submitted?

A. As long as the claim is in "initiated claims" status, you can edit the claim. Once the case manager begins managing the claim and the claim is no longer in the "initiated claims" status no additional edits can be made. You will need to contact the MetLife® Customer Response Center to make additional changes or updates.

Q. What does “Incomplete Claims” refer to under “Finish Incomplete Claims section”?

A. Incomplete Claims are a combination of drafts and initiated claims.

Note: All claims are available for viewing using either the “Initiated Claims” or the “All Saved Drafts” views.
Q. What do the different MetLife® claim statuses mean?

A. The current condition or state of your disability claim, defined as:

**Short Term Disability or Long Term Disability Claims**

**Closed:** The claim has been closed and no further benefits are payable.

**Denied:** The claim for benefits has been denied.

**Open:** The employee has been approved for benefits and will be or currently is receiving benefits.

**Pending Claim:** Not all required claim information has been received and/or a claim decision has not yet been made.

**Suspended:** Payment of benefits have been discontinued. Benefits may recommence upon receipt and review of requested information

If MetLife® administers your family/medical leave, these are the claim status definitions:

**Family/Medical Leave Requests**

**Abandoned:** Leave request opened in error. Disregard.

**Approved:** Request for leave has been granted.

**Canceled:** See Abandoned.

**Closed:** Family/Medical leave has ended.

**Denied:** Family/Medical leave request has been denied.

**New:** Newly received family/medical leave request awaiting further action.

**Pending:** Additional information needed before family/medical leave request determination can be made.

**Reopened:** Additional family/medical leave information being considered.

Q. Can I print “Attending Physician” forms in MetLink®?

A. Yes. You can click on the Attending Physician link from the claim detail page and download the forms. Other standard MetLife® forms are available to download from MetLink® as well. Just click on the “Form” link from the main navigation bar.
Q. When I select a claim, I am getting a message stating "No match found based on the claim number entered OR this claim may have been archived. Please contact us at 1-888-608-6665 if you require further details. Thank you". What does this mean?

A. This means that either the claim has been entered incorrectly or the claim has been archived in the disability claims system and the data cannot be displayed. You should contact the Disability Customer Response Center for assistance.

Q. What do I do if I need to correct FMLA leave tracking information (absence information) I submitted via MetLink®?

A. You cannot update FMLA leave tracking information once it has been submitted. You will need to contact the MetLife Disability Customer Response Center with any changes.

Q. How soon will I see the leave tracking information (absence information) I submitted for an intermittent/reduced schedule FMLA claim via MetLink?

A. Your submission confirmation is immediate and the data is entered into MetLife’s FMLA claim system in real-time. You can view the days requested immediately via the “Absence Tracking History” page. However, you will not be able to view the days requested via the “Leave Details” page until the data has been reviewed by a case manager. The case manager will need to compare the time requested to the time available and the physician’s medical certification before making a decision.

Q. How do I display the leaves that are submitted on a particular claim?

A. Please follow the following steps:
   - Go to the FMLA claim detail page and click on the View Leave Details button
   - Click on the Absence Tracking History link
   - Click on the Absence Tracking History button
   This page displays the Date Requested, Time Requested and Scheduled Hours per day for all Absences submitted for a particular Intermittent \ Reduced claim. The display of this information is independent of the submission method.

Q. What does the Absence Tracking History page display?

A. The Absence Tracking History page displays absences that have been debited against an Employee’s available FML time. This information is displayed irregardless of the submission method (online, fax etc).

Q. What is the difference between the hours displayed on the Absence Tracking History page and the Leave Details page?

A. The Absence Tracking History page displays absences that have been debited against the Employee’s available FML time.

The “Absence Tracking History” page displays the absences submitted on the particular claim immediately whereas the “Leave Details” page displays the approval decisions made by MetLife and the balances for
Q. Can I get a notification when leaves are submitted on an FMLA claim?

A. Yes, any MetLink user can receive an e-mail notification of FML leave submission for which s/he has submitted. This is done by signing up for it using the “E-Mail Subscription” function within the profile section of User’s personal profile.
GLOSSARY

Claim Status Defined

STD/LTD claim statuses are defined as:

- **Closed**: The claim has been closed and no further benefits are payable.
- **Denied**: The claim for benefits has been denied.
- **Open**: The employee has been approved for benefits and will be or currently is receiving benefits.
- **Pending Claim**: Not all required claim information has been received and/or a claim decision has not yet been made.
- **Suspended**: Payment of benefits has been discontinued. Benefits may recommence upon receipt and review of requested information

FMLA claim statuses are defined as:

- **Abandoned**: Leave request opened in error. Disregard.
- **Approved**: Request for leave has been granted.
- **Canceled**: See Abandoned.
- **Closed**: Family/Medical leave has ended.
- **Denied**: Family/Medical leave request has been denied.
- **New**: Newly received Family/Medical leave request awaiting further action.
- **Pending**: Additional information needed before Family/Medical leave request determination can be made.
- **Reopened**: Additional Family/Medical leave information being considered.
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence Abandoned Date</td>
<td>The date the absence request was abandoned.</td>
</tr>
<tr>
<td>Absence Closed Date</td>
<td>The date the Case Manager closed the claim in the MetLife Claim system.</td>
</tr>
<tr>
<td>Absence Denied Date</td>
<td>The date the absence request was denied.</td>
</tr>
<tr>
<td>Absence End Date</td>
<td>The last date for a family/medical leave absence. Please note that MetLife calculates the value in this field.</td>
</tr>
<tr>
<td>Absence Frequency</td>
<td>A value that represents the frequency that applies to this leave. An absence can be continuous, intermittent, or reduced schedule.</td>
</tr>
<tr>
<td>Absence Period End Date</td>
<td>The last approved day of absence for an FMLA claim.</td>
</tr>
<tr>
<td>Absence Reopened Date</td>
<td>The date the absence request was reopened.</td>
</tr>
<tr>
<td>Absence Start Date</td>
<td>The date on which a family/medical leave absence began.</td>
</tr>
<tr>
<td>Absence Suspended Date</td>
<td>The last date the claim was placed in a suspended status.</td>
</tr>
<tr>
<td>Absence Type</td>
<td>Describes the category of the family/medical leave absence being requested like Employee, Family, Child Care, Maternity or other.</td>
</tr>
<tr>
<td>Accident Date</td>
<td>The date on which the disabling accident occurred.</td>
</tr>
<tr>
<td>Accident State</td>
<td>Please see the definition for “State in which accident occurred”.</td>
</tr>
<tr>
<td>Accident Type</td>
<td>Describes the kind of accident (i.e., automobile, work-related).</td>
</tr>
<tr>
<td>Address Line 1</td>
<td>The first line of an Address; usually contains a street number and street name.</td>
</tr>
<tr>
<td>Address Line 2</td>
<td>An additional line of an Address; can vary depending on the Country.</td>
</tr>
<tr>
<td>Approved Hours</td>
<td>The number of requested hours that were approved for a family/medical leave absence.</td>
</tr>
<tr>
<td><strong>Approved Through Date</strong></td>
<td>The last workday for which a family/medical leave absence is approved.</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Approved Weeks</strong></td>
<td>The number of requested weeks that were approved for a family/medical leave absence.</td>
</tr>
<tr>
<td><strong>Associated Claim Number</strong></td>
<td>The MetLife-assigned number for a claim that is associated to the current one being accessed. For example, a family/medical leave request may be associated to a Short Term Disability claim. A claim is associated to another claim whenever MetLife processes more than one claim for the same disability absence/event.</td>
</tr>
<tr>
<td><strong>Average Salary Weekly Amount</strong></td>
<td>A dollar value provided to MetLife, that represents the claimant/employee's average salary over the last eight weeks. This amount is used to manage claims in New York and New Jersey.</td>
</tr>
<tr>
<td><strong>Base Benefit Amount</strong></td>
<td>A dollar value that represents the calculated gross benefit amount, prior to any deductions or adjustments, based on the plan calculation method.</td>
</tr>
<tr>
<td><strong>Benefit Start Date</strong></td>
<td>The date benefit payments begin.</td>
</tr>
<tr>
<td><strong>Branch</strong></td>
<td>A value that is used to define Customer payment and/or claims for billing, tracking and reporting purposes to any subdivisions of customers. Your administrative contact will furnish this code. Also called Subpoint.</td>
</tr>
<tr>
<td><strong>Claim Closed Date</strong></td>
<td>The date the claim was last placed into a closed status.</td>
</tr>
<tr>
<td><strong>Claim Declined Date</strong></td>
<td>The last date the claim was placed in a declined status. Please see the FAQ section for a definition of the Declined Status.</td>
</tr>
<tr>
<td><strong>Claim End Date (Benefit End Date)</strong></td>
<td>The date benefit payments will or have ended.</td>
</tr>
<tr>
<td><strong>Claim Number</strong></td>
<td>A unique identifier assigned to a claim by MetLife.</td>
</tr>
<tr>
<td><strong>Claim Received Date (Date Claim Received)</strong></td>
<td>The date a claim was received by MetLife (for claims submitted via MetLink, this is the date the claim was officially submitted and submission confirmation was received).</td>
</tr>
<tr>
<td><strong>Claim Suspended Date</strong></td>
<td>The last date the claim was placed in a suspended status. Please see FAQ section for a definition of the Suspended Status.</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Claim Type</strong></td>
<td>The coverage type represented on this claim. S or STD = Short Term Disability, L or LTD = Long Term Disability, F or FMLA = Family Medical Leave. Note that STD represents any type of STD plan, including state disability and salary continuance.</td>
</tr>
<tr>
<td><strong>Contact Name</strong></td>
<td>The name of the person (customer contact) whom MetLife should contact with questions regarding the claim or absence request.</td>
</tr>
<tr>
<td><strong>Contribution Rate</strong></td>
<td>The percentage of the insurance cost attributable to the customer (employer). For example, an employer may pay 100% of the benefit premiums and thus the contribution rate would be 100%.</td>
</tr>
<tr>
<td><strong>Customer Name</strong></td>
<td>The legal name of the company contracting with MetLife for group coverage(s).</td>
</tr>
<tr>
<td><strong>Customer Number</strong></td>
<td>A unique identifier assigned by MetLife to a Customer.</td>
</tr>
<tr>
<td><strong>Date Last Updated Online</strong></td>
<td>The last date that FML absences were entered online for a particular claim.</td>
</tr>
<tr>
<td><strong>Date Last Worked</strong></td>
<td>The last date on which the employee worked before the current absence/disability.</td>
</tr>
<tr>
<td><strong>Date of Disability</strong></td>
<td>The first date the employee is absent from work because s/he is unable to perform the job duties due to a disabling condition.</td>
</tr>
<tr>
<td><strong>Date of First Treatment after Date Last Worked</strong></td>
<td>The date the physician first treats an employee, for the disabling medical condition, after the last day actively at work.</td>
</tr>
<tr>
<td><strong>Delivery Date</strong></td>
<td>The date on which a person gives or is anticipated to give birth.</td>
</tr>
<tr>
<td><strong>Description (Absence Type)</strong></td>
<td>A subcategory of absence types that further defines a family/medical absence. The list of possible values are: Care of Foster Child, Care of Newborn Child, Care of Adopted Child, Non-Occ Serious health Condition, Care of Child, Care of Parent, Care of Spouse, Maternity, Other, Unknown, Not Applicable.</td>
</tr>
<tr>
<td>Field</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Diagnosis Code (ICD9 Code)</td>
<td>The official, assigned code for diagnoses used to identify a medical condition.</td>
</tr>
<tr>
<td>Discharge Date</td>
<td>The date on which the claimant (employee) left the hospital after treatment.</td>
</tr>
<tr>
<td>Division Code</td>
<td>The value that is used to define Customer-specific structural components. This code allows MetLife to allocate experience relating to premium payment and/or claims for billing, tracking and reporting purposes to any subdivisions of customers. Your administrative contact will furnish this code. Also called Subcode.</td>
</tr>
<tr>
<td>Does the Employee have a variable work schedule?</td>
<td>The indicator is set to &quot;yes&quot; if the employee's work schedule does not have a consistent pattern; otherwise, set to &quot;no&quot;.</td>
</tr>
<tr>
<td>Employee ID</td>
<td>A unique alphanumeric code assigned by the Employer to identify their Employee. This field is populated only if the Employer assigns each Employee a unique identification number and that number is provided to MetLife when the claim is reported.</td>
</tr>
<tr>
<td>End Date</td>
<td>Tracking Period End Date  The last date for which a user enters FML time for a particular intermittent absence period.</td>
</tr>
<tr>
<td>Explanation</td>
<td>A brief statement describing the reason the claim is in a pending, closed, or denied status.</td>
</tr>
<tr>
<td>First Work Date Out</td>
<td>The first scheduled workday the employee wants to use for this absence (family/medical leave only).</td>
</tr>
<tr>
<td>FML Hours Taken</td>
<td>The amount of leave hours user has taken on a particular day. Entered FML Hours should be less than or equal to the scheduled hours for the same day. &quot;Hours&quot; and &quot;Minutes&quot; text fields will be presented for FML hours.</td>
</tr>
<tr>
<td>Frequency</td>
<td>The text that describes the time period for which other income benefit payments are issued. The list of possible choices are; hourly, weekly, biweekly, monthly, yearly.</td>
</tr>
</tbody>
</table>
**Full Time / Part Time**

The type of work schedule the employee had prior to the absence. Full-time is generally considered 40 hours a week; part-time is generally less than 40 hours a week. This may vary by industry.

**Group Number**

A MetLife – assigned number to groups identified by a Customer. This number is a selected policy contract number used by MetLife in reporting premium and/or claim data to a customer. Your administrative contact will furnish this number. Also called Report Number.

**Hospitalization Date**

The date the employee was first admitted to a medical facility for treatment of this disabling condition or absence.

**Hours per Week**

Number of scheduled hours per week. This field is to be completed when the salary frequency chosen is hours.

**Intermittent/Reduced Schedule Details**

The detailed text that describes an intermittent or reduced schedule family/medical leave absence.

**Job Class**

The category that describes the physical effort required to perform a job. Please click on the arrow to see a list of possible choices.

**Job Title**

The text that denotes the title assigned to a job by a company (i.e., Case Manager, Application Developer, Sales Associate).

**Leave Eligible**

A value that indicates if the employee is eligible for unpaid leave based on the Federal, State or Company requirements.

**Length Of Service**

A calculated value that represents the time from the Date of Hire to some other stated date; may be used to validate service thresholds in a contract plan.

**Maximum Benefit Duration Date**

The last date on which benefits can be paid based on the benefit durations set forth in the Customer's plan provisions.

**Most Recent Payment Issued**

The date on the check indicating when the check can be cashed, or the date when the EFT funds will be available in the claimant's account.

**Next Check Send Date**

The date the next Benefit check or EFT is scheduled to be issued.
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next Tracking Period Starts On Date</td>
<td>This field contains the Start Date for the next intermittent tracking period. This field reflects updates offline as well as any online submission</td>
</tr>
<tr>
<td>Number of Federal Exemptions</td>
<td>The number of exemptions that the employee (claimant) is using for federal tax withholding calculations.</td>
</tr>
<tr>
<td>Other Income Description</td>
<td>The text which describes other benefits or income an employee (claimant) is or will be receiving that may impact the calculation of benefits.</td>
</tr>
<tr>
<td>Postal Code</td>
<td>The value assigned by the Canadian postal service, which aids in the sorting and delivery of mail.</td>
</tr>
<tr>
<td>Previous Payment Issued</td>
<td>The date on the check indicating when the check can be cashed, or the date when the EFT funds will be available in the claimants account for the last payment issued. See “Most Recent Payment Issued”</td>
</tr>
<tr>
<td>Province</td>
<td>A division of some countries. For example, Canada is divided into provinces and territories.</td>
</tr>
<tr>
<td>Reason for Absence</td>
<td>The textual description of the illness or injury resulting in the employee's absence from work and their request for disability benefits or leave.</td>
</tr>
<tr>
<td>Regular Work Hours</td>
<td>The total number of hours the employee is normally scheduled to work each week.</td>
</tr>
<tr>
<td>Return to Work Date</td>
<td>For STD this is the date the employee actually returned to work. For FMLA this date could be an actual or an Estimated Date.</td>
</tr>
<tr>
<td>Return to Work Date</td>
<td>The actual or anticipated date on which the employee will return to working at the workplace.</td>
</tr>
<tr>
<td>Salary Continuance End Date</td>
<td>The last date an Employee’s salary payments end.</td>
</tr>
<tr>
<td>Salary Frequency</td>
<td>The frequency of payment of wages; for example, an employee may receive a paycheck weekly, monthly, or bi-monthly</td>
</tr>
<tr>
<td>Scheduled Hours</td>
<td>The number of hours each day that an employee is normally required to work.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Term Disability Cancellation Date</td>
<td>The date on which a person's Short Term disability coverage was cancelled.</td>
</tr>
<tr>
<td>Short Term Disability Effective Date</td>
<td>The date on which a person's Short Term disability coverage became effective.</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>The number assigned to a person by the Social Security Administration to track income.</td>
</tr>
<tr>
<td>Specialty Code</td>
<td>The value that represents the Treating Physician's medical area of expertise.</td>
</tr>
<tr>
<td>Start Date</td>
<td>'Tracking Period Start Date' is automatically defaulted to the next day absences need to be submitted for a particular Intermittent/Reduced tracking period. In order to eliminate any gaps in reporting the date is not editable.</td>
</tr>
<tr>
<td>State in which accident occurred</td>
<td>The text that represents the state in which the disabling accident occurred.</td>
</tr>
<tr>
<td>Subsidiary Name</td>
<td>A company owned by the Customer.</td>
</tr>
<tr>
<td>Surgical Procedure (CPT4 Code)</td>
<td>A set of descriptive terms and identifying codes for reporting surgical procedures performed by physicians.</td>
</tr>
<tr>
<td>Total Amount Paid to Date</td>
<td>The total net benefit amount paid for the life of the claim.</td>
</tr>
<tr>
<td>Total FML hours entered</td>
<td>This will contain a summation of all the FML time taken fields for the current FML tracking period. (This field won’t be editable)</td>
</tr>
<tr>
<td>Total Hours Worked in the last 12 Months</td>
<td>For the twelve months immediately preceding the leave, the total number of hours actually worked by an employee.</td>
</tr>
<tr>
<td>Total Scheduled work hours</td>
<td>This will contain a summation of all the Scheduled Hours fields for the current FML tracking period. (This field won’t be editable)</td>
</tr>
<tr>
<td>Treatment Location</td>
<td>The generic description of the type of facility where the claimant was treated. Examples are a doctor's office or an outpatient clinic.</td>
</tr>
<tr>
<td>Variable Schedule Description</td>
<td>A textual description of the employee's work schedule.</td>
</tr>
<tr>
<td>Work State</td>
<td>A code that identifies the state in which the</td>
</tr>
</tbody>
</table>
employee works.

**Work Status**

The code that indicates the status of a claimant's employment, for example: disabled, on strike, retired, etc.

**Work Status Effective Date**

The date when the condition or status went into effect. For example, if the employee worked full-time on June 30, 2002, that date is the Effective Date for that job status condition.

**Work Week Schedule**

See Regular Work Hours.

**Workers' Compensation Filed?**

Indicates whether a Workers' Compensation form has been filed by the Customer for an employee who has incurred a work-related disability.