

### Claim and Absence Submission



Employee submits disability or absence claim



MetLife sends claim information



...And MetLife Claim Specialist engages with employee

### Claim and Absence Evaluation and Decision



MetLife proactively reaches out for medical information



We review employee's capacity/recovery



And then let them know the decision

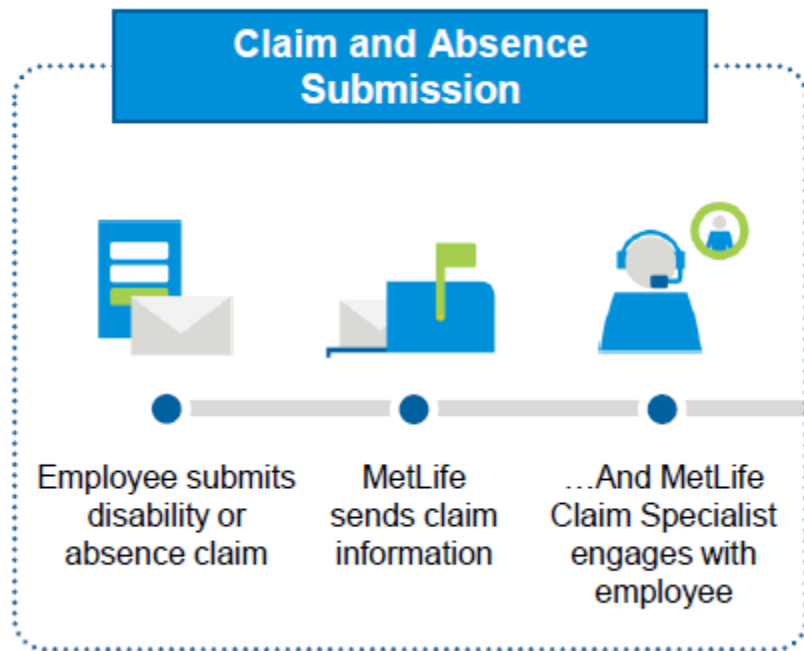
### Ongoing Service and Follow Up



We continue to review their capacity/recovery



And keep them informed of any decisions



- **Multi-channel** claim submission, under 10 mins
- **Streamlined** introduction packet
- **Voice** authorization available
- **Access** to forms online
- **Single Claim Specialist** for disability and concurrent claims
- **Proactive outreach** by claims specialist

## Claim and Absence Evaluation and Decision



MetLife proactively reaches out for medical information

We review employee's capacity/recovery

And then let them know the decision

- **Proactive outreach** to claimant and healthcare provider to gather needed information
- **Medical review supported** by clinical expertise (when appropriate)
- **Initial claim decision** made within 2 days from receipt of all necessary information
- **Streamlined claim decisions** and communications on concurrent claims
- **Decision communication**
  - Employee: phone, written, text, real-time web and mobile app
  - Employer: email, real-time online

## Ongoing Service and Follow Up



We continue  
to review their  
capacity/recovery

And keep  
them informed  
of any decisions

- **Review** of on-going return to work opportunities
- **Assistance** with job modification recommendations
- **Leave** exhaustion communication
- **Proactive** transition to LTD
- **Real-time access** to claim status; online and mobile app