

# MetLink Customer User Guide



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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.

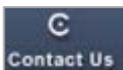
1. From the Resources tab on the top navigation bar.
2. From the “Your Quick Links” features assigned to you by MetLife.



## 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
- Emails are generated when an attachment is uploaded, comments are added to a claim or if the status of a claim is updated.
- 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.

**MetLink** by MetLife®

Help Contact Us Profile Sign Out

Home Claims Absences Reports Forms Library Resources

**PROFILE**

**View Your Profile: PAT JONES**

**Personal Information**

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

<b>User Name:</b>	pjones22
<b>E-mail Address:</b>	pjones@acme.com
<b>Phone Number:</b>	(121) 232-2345
<b>Password:</b>	*****

[edit](#)

**Security Questions**

Below are your current Security Questions. If you wish to change your security questions, please choose edit.

<b>Security Question 1:</b>	City where you were born?
<b>Security Question 2:</b>	Name of your first pet?
<b>Security Question 3:</b>	Mother's maiden name?

[edit](#)

**E-mail Subscription Information**

<b>Disability</b>	<b>E-mail Address:</b> pjones@acme.com
<input checked="" type="checkbox"/> Disability Claims Status Update Notification	
<b>List Billing</b>	<b>E-mail Address:</b> pjones@acme.com
<input checked="" type="checkbox"/> Production Bill Notification	
<b>Total Absence Management (TAM)</b>	<b>E-mail Address:</b> pjones@acme.com
<input checked="" type="checkbox"/> Absences Subscription	
<b>Payroll Deduction</b>	<b>E-mail Address:</b> pjones@acme.com
<input checked="" type="checkbox"/> Payroll Deduction Notification	

[edit](#)

Edit Your Profile: Pat Jones

Manage E-mail Subscription Information

Disability

E-mail Address:

Disability Claims Status Update Notification

List Billing

E-mail Address:

Product Bill Notification

Total Absence Management (TAM)

E-mail Address:

Absences Subscription

Payroll Deduction

E-mail Address:

Payroll Deduction Notification

PROFILE

Edit Your Profile: Pat Jones

Action Successful.

MetLink Profile for Pat Jones

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 : \*\*\*\*\*

edit

E-mail Subscription Information

Disability

E-mail Address: pjones@acme.com

Disability Claims Status Update Notification

Payroll Deduction

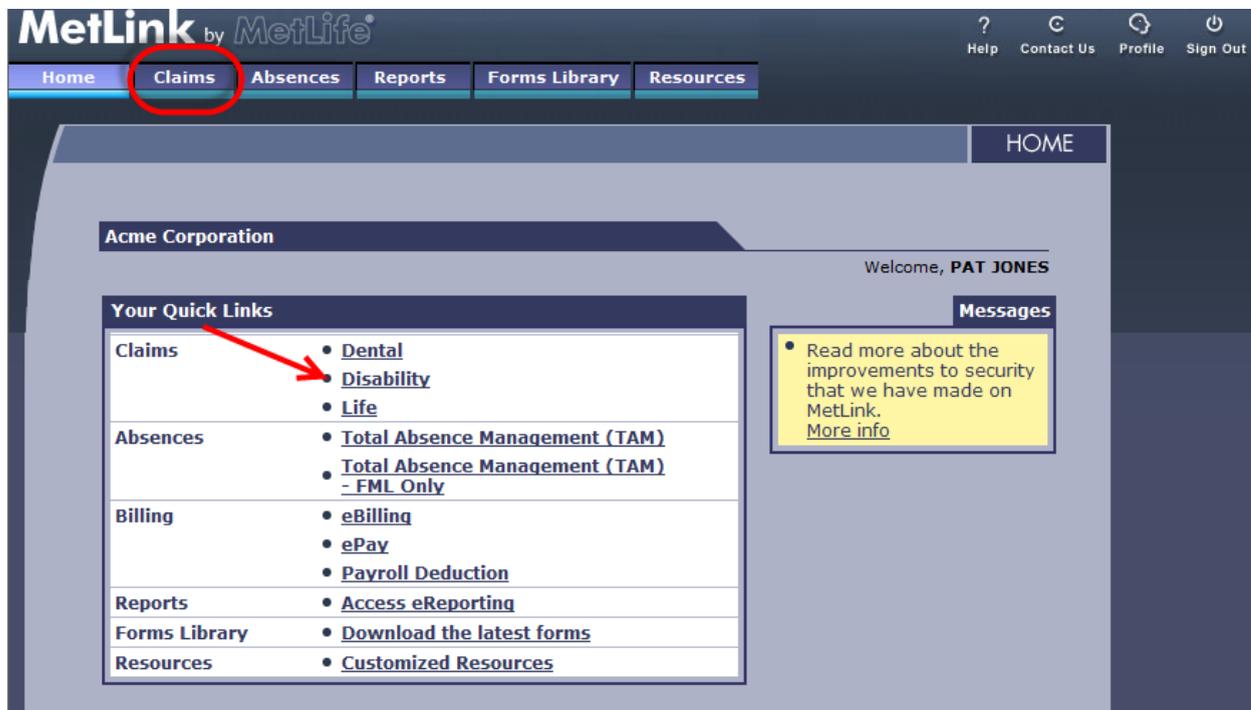
E-mail Address: pjones@acme.com

Payroll Deduction Notification

edit

# 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.



## File A Claim Query View

The File A Claim section allows you to create new claims, save draft claims and access initiated claims that may need updates or modifications.

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 an Individual Employee or existing Disability Claims through one of the options listed below:

- Individual Employee or Claim - search using one of the following:
  - ✓ Employee's Last Name (at least first two letters)
  - ✓ Social Security Number
  - ✓ Claim Number
  - ✓ Employee ID
- Daily Status View – displays 31 days of claim history

**File A Claim**

**Getting Started**

**Your Customers**

Acme Corporation

**Search for an Individual Employee or Claim**

**Employee's Last Name**  
(enter min. 2 and max. 8 characters)

- OR -

**Social Security Number**

- OR -

**Claim Number**

- OR -

**ID Number**

**File-a-Claim Tips**

**Employee Search:**  
You can search for an Employee by last name even if you don't know the correct spelling. Just enter at least the first two letters, click "Go," and choose the name you want from the results.

File a Claim feature is for filling STD, LTD and FMLA Claims. Contact Absence Management Unit for submitting Absences.

Claim Questions: 1-888-608-6665  
Technical Questions: 1-877-9METWEB

**Finish Incomplete Claims**

Please provide any missing information on these claims so MetLife can begin processing.

Initiated Claims

**Note:** You can only file a claim that matches your security profile.

If there are incomplete claims to finish, you must complete the Initiated Claim or Saved Draft before you will be able to file a new claim. The claims can be completed by clicking on the Edit links in the Initiated Claims View and All Saved Claims View.

**Finish Incomplete Claims**

Please provide any missing information on these claims so MetLife can begin processing.

✓ Initiated Claims

All Saved Drafts

go

## Initiated Claims View

CHECK A CLAIM
FILE A CLAIM

DISABILITY

**Initiated Claims**

**New Search: File a Claim**

go

Please select a claim to finish or modify.

**All Initiated Claims**
Results 1 of 1

**Initiated Claims**
Select the ▼ icon in column headings to sort by category.

Type ▼	Action	Employee Name ▼	SSN / ID Number	Created ▼
STD/FMLA	<a href="#" style="color: #0056b3; text-decoration: underline;">Edit</a>	Smith, Tom	XXX-XX-9999	10/05/08

**All Initiated Claims**
Results 1 of 1

# All Saved Claims View

CHECK A CLAIM FILE A CLAIM DISABILITY

**All Saved Drafts**

**New Search: File a Claim**

Last Name

Please select a draft to finish or modify.

**All Saved Drafts** Results 1-2 of 2

**Saved Drafts** Select the  icon in column headings to sort by category.

Type ▼	Employee Name ▼	SSN / ID Number	Group # ▼	Created ▼	Expires ▼	Action
STD/FMLA	Employee 1	XXX-XX-2323	1232222	10/05/2008	11/03/2008	<a href="#">Edit / Delete</a>
FMLA	Employee 2	XXX-XX-4567	1232345	10/07/2008	11/05/2008	<a href="#">Edit / Delete</a>

**All Saved Drafts** Results 1-2 of 2

## File A Claim View

Searching by an Employee's Last Name from the main File-A-Claim page will take you directly to the Employee Summary screen.

**CHECK A CLAIM** | **FILE A CLAIM** | **DISABILITY**

---

### Employee Summary

<b>Employee:</b> TOM SMITH	<b>SSN:</b> XXX-XX-9999
<b>Date of Birth:</b> 05/05/1964	<b>ID Number:</b> 111111119

File a New Claim

**Claims to Finish - Claims that need additional input before MetLife processing may begin.**  
There are no claims to complete at this time.

**Active Claims - Claims that are being or have been processed by MetLife.**  
There are no active claims at this time.

**Closed Claims**

Type	Disability Date/First Work Date Out	Status	Claim #	Group #	Last Payment Issued	Benefit Through Date
STD	06/30/2008	Closed	<a href="#">519944881234</a>	34560	n/a	7/30/2008

Clicking on the Claim Number under Closed Claims will take you to the Claim Detail Page.

To File a New Claim for this employee, click on the yellow File a New Claim button.



CHECK A CLAIM | FILE A CLAIM

DISABILITY

**Employee Summary — File a New Claim**

<b>Employee:</b> TOM SMITH	<b>SSN:</b> XXX-XX-9999
<b>Date of Birth:</b> 05/05/1964	<b>Employee ID:</b> 111111119

**New Search: File a Claim**

Last Name

**File a New Claim**

Select a Claim Type:

**Disability & Family/Medical Leave**

**Date Last Worked:** 10 / 04 / 2008  
 Actual  Anticipated

**First Work Date Out:** 10 / 07 / 2008  
 Actual  Anticipated

**Absence Type:**

Use the drop-down box to select the appropriate “Claim Type”. The options that appear in the drop down are based on the Employee’s available coverages. In most cases, Disability will appear on the drop down, the appropriate claim type (STD or LTD) will be determined automatically and the related screens will appear.

**File a New Claim**

Select a Claim Type:

- Select One
- Disability
- ✓ Disability / FMLA
- FMLA

Once a Claim Type has been selected, fill in the appropriate claim information and select **go** to move to the next step. Clicking “go” will open up the relevant submission screens required to complete the claim submission online.

Continue filling in claim submission information. Fields that contain an “\*” are required, however as with any other documentation of this type, the more information you can provide, the quicker a claim decision can be made.

CHECK A CLAIM
FILE A CLAIM
DISABILITY

**STD/FMLA – Page 1 of 3**

<b>Employee:</b> TOM SMITH	<b>SSN:</b> XXX-XX-9999
<b>Date of Birth:</b> 05/05/1964	<b>ID Number:</b> 111111119
<b>Claim Type:</b> Short Term Disability & Family/Medical Leave	

**New Search: File a Claim**

Last Name

Please complete this form. All required information is marked with an asterisk (\*).

**Employer Profile**

<b>Customer Name:</b> * <input type="text" value="Acme Corporation"/>	<b>Subsidiary Name:</b> <input type="text"/>
<b>Customer Number:</b> <input type="text" value="0000001"/>	

Employer Contact Information - This person is the primary contact for all correspondence regarding this claim.

<b>Prefix:</b> <input type="text" value="Mr."/>	<b>Address1:</b> <input type="text" value="1234 Street"/>
<b>First Name:</b> <input type="text" value="John"/>	<b>Address2:</b> <input type="text" value="Suite 2"/>
<b>Middle Name:</b> <input type="text" value="Casey"/>	<b>City:</b> <input type="text" value="Anytown"/>
<b>Last Name:</b> <input type="text" value="Smith"/>	<b>State:</b> <input type="text" value="OH"/>
<b>Suffix:</b> <input type="text"/>	<b>Zip:</b> <input type="text" value="43656"/> - <input type="text"/>
<b>Phone Number:</b> <input type="text" value="555"/> - <input type="text" value="555"/> - <input type="text" value="1212"/> ext. <input type="text" value="33"/>	<b>E-mail Address:</b> <input type="text" value="jcsmith@acme.com"/>
<b>Fax Number:</b> <input type="text" value="555"/> - <input type="text" value="555"/> - <input type="text" value="2233"/>	

Employee's Supervisor Contact Information

**Is the Employer Contact also the Supervisor Contact?**  Yes  No

<b>Prefix:</b> <input type="text" value="Ms."/>	<b>Address1:</b> <input type="text" value="1234 Street"/>
<b>First Name:</b> <input type="text" value="Lori"/>	<b>Address2:</b> <input type="text" value="Suite 2"/>
<b>Middle Name:</b> <input type="text" value="A."/>	<b>City:</b> <input type="text" value="Anytown"/>
<b>Last Name:</b> <input type="text" value="Jones"/>	<b>State:</b> <input type="text" value="OH"/>
<b>Suffix:</b> <input type="text" value="PQM"/>	<b>Zip:</b> <input type="text" value="43656"/> - <input type="text"/>
<b>Phone Number:</b> <input type="text" value="555"/> - <input type="text" value="555"/> - <input type="text" value="1212"/> ext. <input type="text" value="55"/>	<b>E-mail Address:</b> <input type="text" value="lajones@acme.com"/>
<b>Fax Number:</b> <input type="text" value="555"/> - <input type="text" value="555"/> - <input type="text" value="2255"/>	

## STD/FMLA — Page 2 of 3

**Employee:** TOM SMITH  
**SSN:** XXX-XX-9999  
**Date of Birth:** 05/05/1964  
**ID Number:** 111111119  
**Claim Type:** Short Term Disability & Family/Medical Leave

## New Search: File a Claim

Last Name

Please complete this form. All required information is marked with an asterisk (\*).

## Employee Profile

**Employee Address information should reflect the Employee's mailing address for correspondence.**  
 (Update the first, middle, last name information if different than name provided above.)

**Prefix:** Mr.   
**First Name:** Tom  
**Middle Name:**   
**Last Name:** Smith  
**Suffix:**   
**Home Phone Number:** 555 - 555 - 4444  
**Fax Number:**  -  -   
**E-mail Address:**   
 (Please provide e-mail address where the employee can be reached during his/her absence. If unknown, MetLife will obtain it from the employee.)

**Address1:\*** 123 Main Street  
**Address2:**   
**City:\*** St. Louis  
**For U. S. Residents**  
**State:\*** MO   
**Zip:\*** 63143 -   
 OR  
**For Canadian Residents**  
**Province:\***   
**Postal Code:\***

## Employment Profile

**Date of Hire:** 06 / 06 / 1996  
**Work State:** OH   
**Work Status:** Active   
**Effective Date:** 06 / 06 / 1996

**Short Term Disability Insurance Effective Date:\*** 06 / 06 / 1996  
**Short Term Disability Insurance Cancellation Date:**  /  /   
**Job Class:** Light   
**Job Title and Description:** Tom is the office manager. He sits 7 hr/day and walks 1 hr/day. He uses a computer and answers

**Employee is currently:**  Full-Time  Part-Time  
**Effective Date:** 06 / 06 / 1996  
**Does the Employee have a variable work schedule?:**  Yes  No  
 If yes, please provide a description of the schedule. (Example of variable description: 4-week rotating schedule, Week 1: M-Th, Sat 8-hr days, Week 2: T, Th, Sun 12-hr days, Week 3: M-F, Sat, Sun 12-hr days)  
  
 If no, please complete the following scheduled hours. Each day must be completed. If a day is not a scheduled work day, enter 0 hours  
**Monday:** 8  Hours  
**Tuesday:** 8  Hours  
**Wednesday:** 9  Hours  
**Thursday:** 8  Hours  
**Friday:** 8  Hours  
**Saturday:** 0  Hours  
**Sunday:** 0  Hours  
**Hours Worked over the past 12 months:\*** 1920 Total  
**As of Date:\*** 10 / 04 / 2008

## Employee Salary Information

**Salary Amount:** \$35,000  **Salary Frequency:** Yearly   
**Hours per week:**   
 Completed when frequency chosen is hours.  
**Contribution Rate:** 100

Please complete the following for NY and NJ State Disability Policies administered by MetLife.

**Average Salary Weekly Amount**   
 Represents the average of the Employee's last 8 weeks of salary.

## Other Income Information

**Is this absence work-related?**  Yes  No  
**Workers' Compensation Filed?:**  Yes  No  
 If no, please move to next section.  
**Amount:**   
**Frequency:**   
**Start Date:**  /  /   
**End Date:**  /  /

**Is the employee receiving any other benefits?**  Yes  No If no, continue to next section.  
 If yes, please complete the following for any other income benefits being received.

	Amount	Start Date	End Date	Frequency
<b>Salary Continuance:</b>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<b>State Disability:</b>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<b>Other Income:</b>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<b>Other Income Description:</b>	<input type="text"/>			

Click the Next button to continue or select Finish Later if applicable.

<b>CHECK A CLAIM</b>		<b>FILE A CLAIM</b>		<b>DISABILITY</b>	
<b>STD/FMLA — Page 3 of 3</b>					
<b>Employee:</b> TOM SMITH <b>Date of Birth:</b> 05/05/1964 <b>Claim Type:</b> Short Term Disability & Family/Medical Leave		<b>SSN:</b> XXX-XX-9999 <b>ID Number:</b> 111111119		<b>New Search: File a Claim</b> Last Name <input type="text"/> <input type="button" value="go"/>	
Please complete this form. All required information is marked with an asterisk (*).					
<b>Absence Information</b>					
<b>Date Last Worked:*</b> 10 / 04 / 2008 <input checked="" type="radio"/> Actual <input type="radio"/> Anticipated		<b>Absence Type:*</b> Employee <b>Description:*</b> Non Work Related <b>Reason for Absence:</b> Unknown			
<b>First Work Date Out:*</b> 10 / 07 / 2008 <input checked="" type="radio"/> Actual <input type="radio"/> Anticipated		<b>Return to Work Date:</b> 01 / 05 / 2003 <input type="radio"/> Actual <input checked="" type="radio"/> Anticipated			
If the following information is not available to you, MetLife will contact the employee or his/her physician to obtain the treatment information. If you already have some of this information, please provide it.					
<b>Accident-Related Information</b>					
<b>Is absence due to an accident?:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Accident Type:</b> <input type="text"/> <b>State in which accident occurred:</b> <input type="text"/> <b>Accident Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM			
<b>Date of Disability:</b> 10 / 05 / 2008 <b>Diagnosis Code (ICD9 Code):</b> <input type="text"/> <b>Date of First Treatment after Date Last Worked:</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Treatment Location:</b> <input type="text"/>		<b>Hospitalization Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Discharge Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Surgery Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Surgical Procedure Code (CPT4 Code):</b> <input type="text"/>			
If the following information is not available to you, MetLife will contact the employee or his/her physician to obtain the treatment information. If you already have some of this information, please provide it.					
<b>Maternity Information</b>					
Only to be completed when absence is due to pregnancy.					
<b>Delivery Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="radio"/> Actual <input type="radio"/> Anticipated					
If the following information is not available to you, MetLife will contact the employee or his/her physician to obtain the treatment information. If you already have some of this information, please provide it.					
<b>Treating Physician Information</b>					
<b>Prefix:</b> Dr. <b>First Name:</b> James <b>Middle Name:</b> <input type="text"/> <b>Last Name:</b> Bishop <b>Suffix:</b> <input type="text"/> <b>Specialty:</b> <input type="text"/>		<b>Address1:</b> <input type="text"/> <b>Address2:</b> <input type="text"/> <b>City:</b> <input type="text"/> <b>State:</b> <input type="text"/> <b>Zip:</b> <input type="text"/> - <input type="text"/>			
<b>Phone Number:</b> <input type="text"/> - <input type="text"/> - <input type="text"/> <b>Fax Number:</b> <input type="text"/> - <input type="text"/> - <input type="text"/>		<b>Facility Name:</b> <input type="text"/> (Please provide if employee is/was hospitalized.)			

**Comments**

Please use this section to briefly document any other relevant and pertinent information needed to process this claim (256 character limit). Comments entered will become a permanent part of the claim record.

Once you have finished inputting the information, click “**Verify Claim**” to submit or “**Finish Later**”. The Finish Later option will allow you to either Save, Cancel, or Continue your submission.

Choosing either Save or Cancel will bring you to a confirmation screen.

**Finish Later**

You have chosen to exit from the current claim/Draft. Please choose from the following options.

<input type="button" value="Save"/>	<b>Save</b> claim as Draft and exit application.
<input type="button" value="cancel"/>	<b>Delete</b> data entered and exit application.
<input type="button" value="continue"/>	<b>Return</b> to claim form.

**Save Draft Confirmation**

<b>Employee:</b> TOM SMITH	<b>SSN:</b> XXX-XX-9999
<b>Date of Birth:</b> 05/05/1964	<b>Employee ID:</b> 111111119
<b>Claim Type:</b> Short Term Disability & Family/Medical Leave	

**New Search: File a Claim**

Last Name

Your claim has been saved as a draft without being submitted to MetLife for processing.

**Saved Draft (Expires in 30 calendar days)**

Type	Action	Created	Expires
STD/FMLA	<a href="#">Edit</a> <a href="#">Delete</a>	10/07/2008	11/06/2008

You've asked to save this submission as a draft. It has not been transmitted to MetLife and will not be submitted until you bring it up again and hit "submit." PLEASE BE AWARE THAT YOUR FAILURE TO PROMPTLY SUBMIT THIS INFORMATION MAY RESULT IN A VIOLATION OF THE FAMILY AND MEDICAL LEAVE ACT (FMLA) because the FMLA has strict timeframe for an employer to respond to an employee's request for leave. You should complete and submit this information by the end of the day today, if at all possible. MetLife will not be responsible for the consequences of your failure to submit this information in a timely fashion. Violations of the FMLA may result in damages awards against your company.

**Next Steps:**

- Go to "File a Claim" when you want to complete this Saved Draft.
- Saved Drafts will not be processed by MetLife until completed and submitted and will be automatically deleted from the system after 30 days from creation date.

# Verifying Your Claim Submission

After clicking "Verify Claim" you will be given the opportunity to review and edit (if needed) all entered data. Once you have reviewed and verified the information, MetLife requires that you enter your password to confirm and press Submit. This will serve as an electronic signature for your submission.

CHECK A CLAIM FILE A CLAIM DISABILITY

**Verify Your Claim Information**

Employee: TOM SMITH SSN: XXX-XX-9999  
 Date of Birth: 05/05/1964 ID Number: 111111119  
 Claim Type: Short Term Disability & Family/Medical Leave

New Search: File a Claim  
 Last Name: [ ] [GO]

Please review this claim. Use the edit function to update information before submitting to MetLife for processing.

**Employer Profile**

Customer Name: Acme Corporation Subsidiary Name:  
 Customer Number: 0000001

**Employer Contact Information - This person is the primary contact for all correspondence regarding this claim.**

Prefix: Mr. Address: 1234 Street  
 First Name: John Suite 2  
 Middle Name: Casey Anytown, OH 43656  
 Last Name: Smith  
 Suffix:  
 Phone Number: 555-555-1212 ext. 33 E-Mail Address: jsmith@acme.com  
 Fax Number: 555-555-2233

**Employee's Supervisor Contact Information**

Is the Employer Contact also the Supervisor Contact? No

Prefix: Ms. Address: 1234 Street  
 First Name: Lori Suite 2  
 Middle Name: A. Anytown, OH 43656  
 Last Name: Jones  
 Suffix: PQM  
 Phone Number: 555-555-1212 ext. 55 E-Mail Address: ljones@acme.com  
 Fax Number: 555-555-2255

**Employee Profile**

Employee Address information should reflect the Employee's mailing address for correspondence. (Update the first, middle, last name information if different than name provided above.)

Prefix: Mr. Address: 123 Main Street  
 First Name: TOM  
 Middle Name: St. Louis  
 Last Name: SMITH State: Missouri  
 Suffix: - Zip: 63143  
 Home Phone Number: 555-555-4444  
 Fax Number:  
 E-Mail Address:  
 (Please provide e-mail address where the employee can be reached during his/her absence. If unknown, MetLife will obtain it from the employee.)

Date of Birth: 05/05/1964 Marital Status: Married  
 Gender: M Marital Status for Federal Tax Filing: Married  
 ID Number: 111111119 Number of Federal Exemptions: 2

**Employment Profile**

Date of Hire: 06/06/1996 Short Term Disability Insurance Effective Date: 06/06/1996  
 Work State: Ohio Short Term Disability Insurance Cancellation Date:

Work Status: Active Job Class: Light  
 Job Title and Description: Tom is the office manager. He works 8 hr/day.

Employee is currently: Full-Time  
 Effective Date: 06/06/1996  
 Does the Employee have a variable work schedule?: No

If no, please complete the following scheduled hours. Each day must be completed. If a day is not a scheduled work day, enter 0 hours  
 Monday: 8  
 Tuesday: 8  
 Wednesday: 9  
 Thursday: 8  
 Friday: 8  
 Saturday: 0  
 Sunday: 0

Hours Worked over the past 12 months: 1920 Total  
 As of Date: 10/04/2002

**Other Income Information**

Salary Amount: \$35,000 Salary Frequency: Yearly  
 Hours per week: Contribution Rate: 100%

Please complete the following for NY and NJ State Disability Policies administered by MetLife.  
**Average Salary Weekly Amount:**  
 Represents the average of the Employee's last 8 weeks of salary.

Is this absence work-related?: No Workers' Compensation Filed?: No  
 If no, please move to next section. If no, please move to next section.

Amount: -  
 Frequency: -  
 Start Date: -  
 End Date: -

Is the employee receiving any other benefits? No  
 If no, continue to next section. If yes, please complete the following for any other income benefits being received.

Salary Continuance:	Amount	Start Date	End Date	Frequency
Salary Continuance:	n/a	n/a	n/a	n/a
State Disability:	n/a	n/a	n/a	n/a
Other Income:	n/a	n/a	n/a	n/a
Other Income Description:	n/a			

**Absence Information**

Date Last Worked: 10/04/2008 Actual Absence Type: Employee  
 Description: Non-Work Related  
 Reason for Absence: Unknown  
 Return to Work Date:

First Work Date Out: 10/06/2008 Actual

**Accident-Related Information**

Is absence due to an accident?: No Accident Type:  
 State in which accident occurred:  
 Accident Date:

Date of Disability: 10/05/2008 Hospitalization Date: n/a  
 Diagnosis Code: n/a Discharge Date: n/a  
 Date of First Treatment after Last Date Worked: n/a Surgery Date: n/a  
 Treatment Location: n/a Surgical Procedure Code (CPT4 Code): n/a

**Maternity Information**

Delivery Date: n/a

**Treating Physician Information**

Prefix: Dr. Address:  
 First Name: James  
 Middle Name: -  
 Last Name: Bishop  
 Suffix: -  
 Specialty:  
 Phone Number: Facility Name:  
 Fax Number:

**Comments**

Lorem ipsum dolor sit amet, consectetur adipiscing elit. In mattis pede in enim. In bibendum, ipsum at mattis pretium, justo lorem tincidunt massa, non volutpat magna purus ac mi. Duis vel lectus quis leo molestie blandit. Nullam scelerisque cursus metus.

**Terms and Conditions**

Please check the box below and reconfirm your password before submitting this claim.

I have reviewed and understand the **Fraud Warning**.

I have completed and reviewed the employee disability claim information and declare that all information given is true and complete to the best of my knowledge and belief. I understand that this information will be used by MetLife to determine an individual's eligibility for disability benefits. I have read and acknowledge the fraud warning statements on this page. I understand that by entering my password and clicking on the "Submit" button I am signing and submitting the claim form to Metropolitan Life Insurance Company. This is a legally binding electronic signature.

Please Reconfirm Password: [ ]

If you have forgotten your password, please call us at 1-877-9METWEB. Representatives are available Monday-Friday from 7:00 AM to 7:00 PM - CST 8:00 AM to 8:00 PM - EST

## Submission Confirmation

The Submission Confirmation screen notifies the user of the next steps and that the Medical Authorization forms will be automatically generated and sent to the employee's address.

[CHECK A CLAIM](#) | [FILE A CLAIM](#) | **DISABILITY**

### Submission Confirmation

[Print this confirmation for your records](#)

**This claim has been successfully submitted. You can Click on the Claim Number below to view Detail information.**

**Medical-related information submitted to MetLife will not be viewable online once the claim is submitted to MetLife.**

<b>Employee:</b> TOM SMITH	<b>SSN:</b> XXX-XX-9999
<b>Date of Birth:</b> 05/05/1964	<b>ID Number:</b> 111111119
<b>Claim Type:</b> Short Term Disability & Family/Medical Leave	<b>Claim Number:</b> STD: <a href="#">530112288293</a> FMLA: <a href="#">FM0112289651</a>

**New Search: File a Claim**

**A MetLife Disability representative may be in contact with you, your employee and the employee's physician to gather additional information. To assure timely processing of this claim, please request the employee contact his/her physician and authorize the release of medical information to MetLife.**

**The employee will receive a Medical Authorization Form for this claim in the mail. If it has been successfully downloaded, completed and submitted they can disregard this form when received in the mail.**

Metropolitan Life Insurance Company  
P.O. Box 14590  
Lexington, KY 40511-4590  
  
Fax: 1-866-690-1264

# **FREQUENTLY ASKED QUESTIONS ABOUT DISABILITY**

(Disability Claims Filing & Disability Claims Inquiry)

## ***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 for each claim 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. When will a case manager receive a claim submitted online via MetLink®?***

- A. As soon as you click submit and receive a submission confirmation, the case manager can begin to work on your claim. MetLink® has a real-time interface with the MetLife® disability and FMLA claim systems.

## ***Q. After I enter a claim, when will I be able to view it?***

- A. You can inquire on the claim as soon as you submit it and receive a submission confirmation. 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. What is an "initiated" claim?***

- A. Initiated claims are those claims that have been reported to MetLife®, and are in queue for review by a case manager.

**Q. If a claim is submitted to MetLife® telephonically, mail or fax, can I update it using MetLink®?**

- A. Yes. Claims reported to MetLife® from any intake channel (MetLink®, phone, fax, or mail) can be updated using MetLink® for as long as they remain in the "initiated" claim status. However, you must have security access to the MetLink® "File a Claim" feature.

**Q. When is MetLink® available?**

- A. MetLink® is available 24 hours a day, 7 days a week. However, the Disability features are only available during the following hours:

6:30am - 10:00pm Mon - Fri

6:30am - 4:00pm Sat

6:30am - 8:00pm Sun

**Q. I am trying to file a claim, and I am getting an error message telling me that the employee is not found.**

- A. If an employee is entitled to disability benefits they must be on the eligibility file in order to receive benefits. If you cannot find the employee, it means that they are not on the eligibility records provided to MetLife®. You should contact your benefits coordinator to validate that the employee has coverage and request the eligibility records be updated. If you have access to the MetLink® Enrollment Services feature, you may update these records 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. I saved a claim as a draft, how long do I have to edit/delete or submit the claim?**

- A. The claim will be saved for 30 days from the original date saved and will then be automatically deleted. The MetLife® claims office will not have a record of this claim as long as it remains a draft or if it is deleted.

**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.

## **GLOSSARY**

(Disability Claims Filing & Disability Claims Inquiry)

<b>Absence Abandoned Date</b>	The date the absence request was abandoned.
<b>Absence Closed Date</b>	The date the Case Manger closed the claim in the MetLife Claim system.
<b>Absence Denied Date</b>	The date the absence request was denied.
<b>Absence End Date</b>	The last date for a family/medical leave absence. Please note that MetLife calculates the value in this field.
<b>Absence Frequency</b>	A value that represents the frequency that applies to this leave. An absence can be continuous, intermittent, or reduced schedule.
<b>Absence Period End Date</b>	The last approved day of absence for an FMLA claim.
<b>Absence Reopened Date</b>	The date the absence request was reopened.
<b>Absence Start Date</b>	The date on which a family/medical leave absence began.
<b>Absence Suspended Date</b>	The last date the claim was placed in a suspended status.
<b>Absence Type</b>	Describes the category of the family/medical leave absence being requested like Employee, Family, Child Care, Maternity or other.
<b>Accident Date</b>	The date on which the disabling accident occurred.
<b>Accident State</b>	Please see the definition for “State in which accident occurred”.
<b>Accident Type</b>	Describes the kind of accident (i.e., automobile, work- related).
<b>Address Line 1</b>	The first line of an Address; usually contains a street number and street name.
<b>Address Line 2</b>	An additional line of an Address; can vary depending on the Country.
<b>Approved Hours</b>	The number of requested hours that were approved for a family/medical leave absence.
<b>Approved Through Date</b>	The last workday for which a family/medical leave absence is approved.
<b>Approved Weeks</b>	The number of requested weeks that were approved for a family/medical leave absence.
<b>Associated Claim Number</b>	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.
<b>Average Salary Weekly Amount</b>	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.
<b>Base Benefit Amount</b>	A dollar value that represents the calculated gross benefit amount, prior to any deductions or adjustments, based on the plan calculation method.
<b>Benefit Start Date</b>	The date benefit payments begin.
<b>Branch</b>	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.
<b>Claim Closed Date</b>	The date the claim was last placed into a closed status.
<b>Claim Declined Date</b>	The last date the claim was placed in a declined status. Please see the FAQ section for a definition of the Declined Status.

<b>Claim End Date (Benefit End Date)</b>	The date benefit payments will or have ended.
<b>Claim Number</b>	A unique identifier assigned to a claim by MetLife.
<b>Claim Received Date (Date Claim Received )</b>	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).
<b>Claim Suspended Date</b>	The last date the claim was placed in a suspended status. Please see FAQ section for a definition of the Suspended Status.
<b>Claim Type</b>	The coverage type represented on this claim. S or STD = Short Term Disability.L or LTD = Long Term DisabilityF or FMLA = Family Medical LeaveNote that STD represents any type of STD plan, including state disability and salary continuance.
<b>Contact Name</b>	The name of the person (customer contact) whom MetLife should contact with questions regarding the claim or absence request.
<b>Contribution Rate</b>	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%.
<b>Customer Name</b>	The legal name of the company contracting with MetLife for group coverage(s).
<b>Customer Number</b>	A unique identifier assigned by MetLife to a Customer.
<b>Date Last Worked</b>	The last date on which the employee worked before the current absence/disability.
<b>Date of Disability</b>	The first date the employee is absent from work because s/he is unable to perform the job duties due to a disabling condition.
<b>Date of First Treatment after Date Last Worked</b>	The date the employee is first treated by a physician for the disabling medical condition after the last day actively at work.
<b>Delivery Date</b>	The date on which a person gives or is anticipated to give birth.
<b>Description (Absence Type)</b>	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.
<b>Diagnosis Code (ICD9 Code)</b>	The official, assigned code for diagnoses used to identify a medical condition.
<b>Discharge Date</b>	The date on which the claimant (employee) left the hospital after treatment.
<b>Division Code</b>	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.
<b>Does the Employee have a variable work schedule?</b>	The indicator is set to "yes" if the employee's work schedule does not have a consistent pattern; otherwise, set to "no".
<b>Employee ID</b>	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.
<b>Explanation</b>	A brief statement describing the reason the claim is in a pending, closed, or denied status.
<b>First Work Date Out</b>	The first scheduled workday the employee wants to use for this absence

(family/medical leave only).

<b>Frequency</b>	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.
<b>Full Time / Part Time</b>	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.
<b>Group Number</b>	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.
<b>Hospitalization Date</b>	The date the employee was first admitted to a medical facility for treatment of this disabling condition or absence.
<b>Hours per Week</b>	Number of scheduled hours per week. This field is to be completed when the salary frequency chosen is hours.
<b>Intermittent/Reduced Schedule Details</b>	The detailed text that describes an intermittent or reduced schedule family/medical leave absence.
<b>Job Class</b>	The category that describes the physical effort required to perform a job. Please click on the arrow to see a list of possible choices.
<b>Job Title</b>	The text that denotes the title assigned to a job by a company (i.e., Case Manager, Application Developer, Sales Associate).
<b>Leave Eligible</b>	A value that indicates if the employee is eligible for unpaid leave based on the Federal, State or Company requirements.
<b>Length Of Service</b>	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.
<b>Maximum Benefit Duration Date</b>	The last date on which benefits can be paid based on the benefit durations set forth in the Customer's plan provisions.
<b>Most Recent Payment Issued</b>	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.
<b>Next Check Send Date</b>	The date the next Benefit check or EFT is scheduled to be issued.
<b>Number of Federal Exemptions</b>	The number of exemptions that the employee (claimant) is using for federal tax withholding calculations.
<b>Other Income Description</b>	The text which describes other benefits or income an employee (claimant) is or will be receiving that may impact the calculation of benefits.
<b>Postal Code</b>	The value assigned by the Canadian postal service, which aids in the sorting and delivery of mail.
<b>Previous Payment Issued</b>	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”
<b>Province</b>	A division of some countries. For example, Canada is divided into provinces and territories.
<b>Reason for Absence</b>	The textual description of the illness or injury resulting in the employee's absence from work and their request for disability benefits or leave.
<b>Regular Work Hours</b>	The total number of hours the employee is normally scheduled to work each week.
<b>Return to Work Date</b>	The actual or anticipated date on which the employee will return to working at the workplace.
<b>Return to Work Date</b>	For STD this is the date the employee actually returned to work. For FMLA

	this date could be an actual or an Estimated Date.
<b>Salary Continuance End Date</b>	The last date an Employee's salary payments end.
<b>Salary Frequency</b>	The frequency of payment of wages; for example, an employee may receive a paycheck weekly, monthly, or bi-monthly
<b>Scheduled Hours</b>	The number of hours each day that an employee is normally required to work.
<b>Short Term Disability Cancellation Date</b>	The date on which a person's Short Term disability coverage was cancelled.
<b>Short Term Disability Effective Date</b>	The date on which a person's Short Term disability coverage became effective.
<b>Social Security Number</b>	The number assigned to a person by the Social Security Administration to track income.
<b>Specialty Code</b>	The value that represents the Treating Physician's medical area of expertise.
<b>State in which accident occurred</b>	The text that represents the state in which the disabling accident occurred.
<b>Subsidiary Name</b>	A company owned by the Customer.
<b>Surgical Procedure (CPT4 Code)</b>	A set of descriptive terms and identifying codes for reporting surgical procedures performed by physicians.
<b>Total Amount Paid to Date</b>	The total net benefit amount paid for the life of the claim.
<b>Total Hours Worked in the last 12 Months</b>	For the twelve months immediately preceding the leave, the total number of hours actually worked by an employee.
<b>Treatment Location</b>	The generic description of the type of facility where the claimant was treated. Examples are a doctor's office or an outpatient clinic.
<b>Variable Schedule Description</b>	A textual description of the employee's work schedule.
<b>Work State</b>	A code that identifies the state in which the employee works.
<b>Work Status</b>	The code that indicates the status of a claimant's employment, for example: disabled, on strike, retired, etc.
<b>Work Status Effective Date</b>	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.
<b>Work Week Schedule</b>	See Regular Work Hours.
<b>Workers' Compensation Filed?</b>	Indicates whether a Workers' Compensation form has been filed by the Customer for an employee who has incurred a work - related disability.