

How to file a claim for paid benefits

Below are instructions you will need to submit a disability claim, paid family leave and/or medical leave request. Please read all the steps in this guide before starting your claim submission.

1

Notify your supervisor within 30 days of your leave.

Include the following in your notification:

- Length of leave and estimated return to work date.
- If your leave will be continuous or intermittent.
- Discuss any employer-paid leave (PTO, vacation, or other form of insurance benefits) that you have and may be able to use.

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Gather materials to support your claim:

1. You are required to provide proof to support the reason of your claim. Please use the Certification form below to do so.

Note: When filing online you will be able to upload supporting documents including the certification form. Once your forms are uploaded, you will be directed to provide your electronic signature.

2. You will need provide consent to allow MetLife to gather information to support your claim. This is done by filling out the Medical Authorization form below.
3. If your leave qualifies for more than one benefit administered by MetLife (such as Paid Medical Leave, Short-Term Disability, Paid Family Leave, and/or FMLA), only one claim form, certification and authorization needs to be submitted.

4. Important forms:

- a. [Claim Form](#)
- b. [Certification Form](#)
- c. [Medical Authorization Form](#)

5. Important:

- a) In addition to providing your personal information, you will need to include these details about your employer's benefit plan.

Employer Contact Name: _____ Email: _____

Employer (Business) Name: _____ Phone: _____

Please add the below Employer Group Number to your claim form in the "About Your Employer" section:

Employer Name	Employer Group Number (Group Report Number)

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Choose one method to submit your completed claim form.

1. **Online form submission – Fastest option:** For employees: [Click here](#) For employers: [Click here](#)
2. **Mail a paper form to:**
Metropolitan Life Insurance Company
PO Box 14590, Lexington KY 40512-4590
3. **Fax a paper form to 1-800-230-9531**

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What happens after I submit my claim form?

- Within one (1) business day of receiving your claim form, MetLife will mail you an Acknowledgement Package with important information regarding your claim(s).
- A MetLife claims specialist may contact you for additional details about you, your job, your condition, your treatment plan, and provider.
 - If you already have an open claim with MetLife, please let the claims specialist know so they can link your claims.
 - Your claims specialist will also discuss your estimated return to work date.
 - Please notify your claims specialist if you wish to have taxes withheld from benefit payments and/or if you would like direct deposit.
- Employers will be contacted to confirm employment and coordinate other eligible benefits.
- We'll follow up with a letter detailing any missing information to complete your claim if needed.
- MetLife will make a decision about your claim.
- Once a decision is made on your claim(s), you'll receive a letter. If approved, the letter will include your benefit amount and instructions on how to contact MetLife if you require further assistance.

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Communication with MetLife when on leave

- Your claims specialist will periodically contact you and your health care provider(s) to check-in on you and your health.
- If there's a change in claim status, your claims specialist will contact you by phone and send a letter to outline the change such as an extension or closure.
- If you're taking a leave on an intermittent basis, for benefits to be paid appropriately, please continue to tell your claims specialist when you're on leave.

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Returning to work after leave

- You may be contacted by your claim specialist, a nurse clinician and/or a vocational rehabilitation consultant to discuss your return to work options.
- You may be required to participate in a rehabilitation or return to work program.
- If you return to work earlier or need to be out longer, call your claim specialist to create a new return plan. Also, please call your employer to keep them informed of the change to your return date.

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If your claim has been denied

You have the right to appeal a claim denial. Instructions are included in your denial letter along with the state specific timeframe for reviewing your appeal. You may be required to provide these documents depending on your case:

- Proof of identity, such as a driver's license or state ID, passport, and social security card.
- Proof of wages earned, such as 1099 forms, pay stubs, and bank statements.
- Work attendance or personnel records.
- Certification of your serious health condition.
- Other evidence relevant to your leave request.