



Information about short term disability benefits

Short Term Disability benefits provide partial income replacement if you are unable to work and “disabled” as defined by your employer’s plan due to sickness, accident, etc. The information below explains how to submit your disability claim and what to expect during the claims process. This information represents the standard claims management process. Variances to this process may exist as a result of specific requests or requirements from your employer.

Submitting a claim

- If you have not yet reported your claim, MetLife offers a number of different ways to submit a claim for disability benefits including via Phone, Web or Mail. Please contact your employer for the options available to you and specific instructions on how to submit your claim to MetLife.
- A disability claim should be submitted when you become ill or suffer an injury and are unable to work for the number of days specified by your plan. If you have a planned absence due to pregnancy or a scheduled surgery, you may submit your claim in advance.
- If your employer offers claims submission by telephone, you will call MetLife’s customer service center. You will speak to an intake coordinator who will ask for the initial information needed to start your claim. This process generally takes between 8 and 10 minutes. The intake coordinator’s role is to gather some general information used to evaluate your claim. This information is one component of what will be used to make a decision on your claim. Due to the need to gather and review additional information, the intake coordinator will not have the ability to provide you with a claim decision or benefit amount at this time. However, you can generally expect a decision within 10 days of MetLife receiving notification of your claim.

What information will you need?

- When reporting your absence from work, you will be asked to furnish information about yourself, your job, your illness/injury, and your Healthcare Provider. Some specific information you will want to have available includes:
 - Treating Healthcare Provider’s name, address, phone and fax numbers
 - Your supervisor’s name, phone number and e-mail address
 - Reason you are out of work (diagnosis/symptoms)
 - Your last day worked
 - Actual or approximate date you anticipate returning to work (if known)

After you submit a claim— what happens next

- Immediately after you have submitted your claim, you should contact your treating Healthcare Provider to authorize them to release medical information to MetLife. Healthcare Providers may not be able to release information to MetLife without your authorization to do so. Therefore, you should contact your Healthcare Provider to assist MetLife in obtaining any necessary information as soon as possible.

- A critical component of making a timely and accurate decision on your claim will be the ability to obtain verification and medical information from your treating Healthcare Provider. Within one business day of MetLife receiving notice of your claim, we will attempt to contact your treating Healthcare Provider for additional information about your disability. This is why it is critical for you to quickly contact your Healthcare Provider to authorize release of information.
- Once you have submitted your claim, the information will then be forwarded to our Case Management area. The information you provide, along with information from your Healthcare Provider and your employer's disability plan is reviewed in order to make an initial decision on your claim. Generally, an initial decision

on your claim will be made within 10 days of MetLife receiving notification of your claim.

- Once our Case Management area receives your claim, we will send you written acknowledgement of the receipt of your claim. If necessary, in the first days of the claims review process, a MetLife representative may contact you to discuss your claim in further detail and/or obtain further information.
- Your employer may also be contacted to discuss your specific job duties. Your claim information, including medical information, will be treated as confidential by MetLife. Your restrictions and limitations, only as they relate to your job requirements, will be discussed with your Healthcare Provider, and your employer if necessary for return to work.

For more information, contact your insurance broker, benefits consultant or MetLife representative today.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, exceptions, waiting periods, limitations, reductions of benefits and terms for keeping them in force. Ask your MetLife Sales Representative for complete costs and details.

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