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©UFS

MyBenefits Group Disability "On-line claim Intake"

MetLife Online Service Solutions

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MyBenefits - Online Employee Benefits Tool

Giving employees the information they need regarding their MetLife disability income benefit

- Promotes employee self-service
- Provides personalized information the employees needs
- Secured environment
- Helps to confirm the value of the benefit you offer

MyBenefits - Disability Functionality for ABC Company's Employees

- Basic Coverage Information
- Access to Standard Disability Forms
- Claim status inquiry for STD, LTD and FMLA
- Claim summary information STD, LTD and FMLA
- Online Claim Submission

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Employees can Log On to MyBenefits from the Internet or Your Company Intranet

Employees can view a high level summary of all their MetLife-administered coverages and services

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MyBenefits Demo

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Tuesday, July 26, 2005

Home

- Home
- Account Summary
- Enroll
- File A Claim
- Check A Claim
- Contact Us
- Help

Welcome to **MyBenefits, Tom Flack**

HOME

Current Account Activity

Dental

- Make the most of My Dental benefits.
- Find a Dentist.
- Update your dental claim preference: paper or online EOB statements.

Short Term Disability (STD)

- MetLife will apply the right resources to help make sure your claim receives the attention it deserves. Find out more.
- File a Disability Claim.
- Closed claims are available to view online for up to 60 days.

Long Term Disability (LTD)

- MetLife will apply the right resources to help make sure your claim receives the attention it deserves. Find out more.
- File a Disability Claim.
- Closed claims are available to view online for up to 60 days.

Family Medical Leave

- MetLife will apply the right resources to help make sure your claim receives the attention it deserves. Find out more.
- File a Family Medical Leave request

Messages

How can we improve this site? Click here to send us an email.

Need guidance?

MyBenefits "File a Claim" Page

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Monday, May 16, 2005

My Account
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FILE A CLAIM

File a Claim

Use the table below to find your product and file a claim.

File a Claim

Product	File Online	Download Form
Dental		→
Disability/FMLA	→	

Get Software

To view these forms you need Adobe Acrobat Reader.® Download the latest version here.

To access these forms in a screen reader, you require the accessibility component for Acrobat Reader®. Click here to download.

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Group Disability- Benefits at a Glance

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Tuesday, August 9, 2005

Disability Benefits

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- Contact a Disability Benefits Specialist

MY DISABILITY BENEFITS

Benefits at a Glance

File a Claim

Disability Benefits

Disability Date/ First Work Date Out	Claim #	Type	Status	Payment Issued*
05/25/2005	530112288293	STD	Closed	06/10/2005
06/01/2005	FM0112289651	FMLA	Closed	06/15/2005

Closed Claims are available to view online for up to 60 days.

* If n/a appears in the payment issued field, any available benefits would be received through your employer's regular payroll process. Please contact your employer with any benefit related questions.

What are the differences between Disability Benefits - Short Term Disability (STD) or Long Term Disability (LTD), and leave entitlement under the Family Medical Leave Act (FMLA)?

What Is a Short Term Disability (STD) Benefit Plan?
A benefit plan that replaces a portion of income lost because of an injury or illness that prevents an employee from working. Benefits may continue for a certain length of time as specified by

Messages

Click here to change your E-mail address or to turn off the E-Mail alerts.

You have asked to receive E-mail Alerts for any processed Disability Claims and / or Family/Medical leave requests. E-mail alerts will be sent to the e-mail address you provided during registration. If for any reason you decide to have these alerts sent to a different e-mail address, you must provide us with the new address by making the changes and confirming below. Failure to do so may result in continued access to your alerts by those with

File a Claim Scripting Page

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Thursday, September 15, 2005

- My Disability Benefits
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File A Claim

Filing a claim online is as easier than filling out a form. You should be able to complete this process in approximately 5-10 minutes. In order to complete the submission process, you will need some basic information.

→ **Personal Information**
Name, address, telephone number, etc

→ **Job Information**
Work schedule, Supervisor's name, work address and telephone number

→ **Absence Information**
Reason for your absence from work, absence date information, nature of your health condition

→ **Physician Information**
Name, address, telephone number, and fax number for the treating physician

It is your responsibility to provide all necessary information to MetLife to process your claim. If you have any questions about submitting your claim by paper or phone, please contact customer service for more information.

X cancel next ▸

File a Claim – Preliminary Question

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File a Claim

Short Term Disability and/or Family/Medical Leave Requests

What is the reason for your absence? (Select one)

Your own serious health condition

- ○ Continuous Absence (unable to report to work)
- ○ Reduced Schedule/ Intermittent Absence (unable to work your full schedule)

Your own serious health condition due to maternity

- ○ Continuous Absence (unable to report to work)
- ○ Reduced Schedule/ Intermittent Absence (unable to work your full schedule)

Other (continuous/intermittent absence)

- ○ Adoption of a child/ Care of a newborn/ Placement of a foster child
- ○ Family member's health condition

✕ cancel | ◂ back | next ▸

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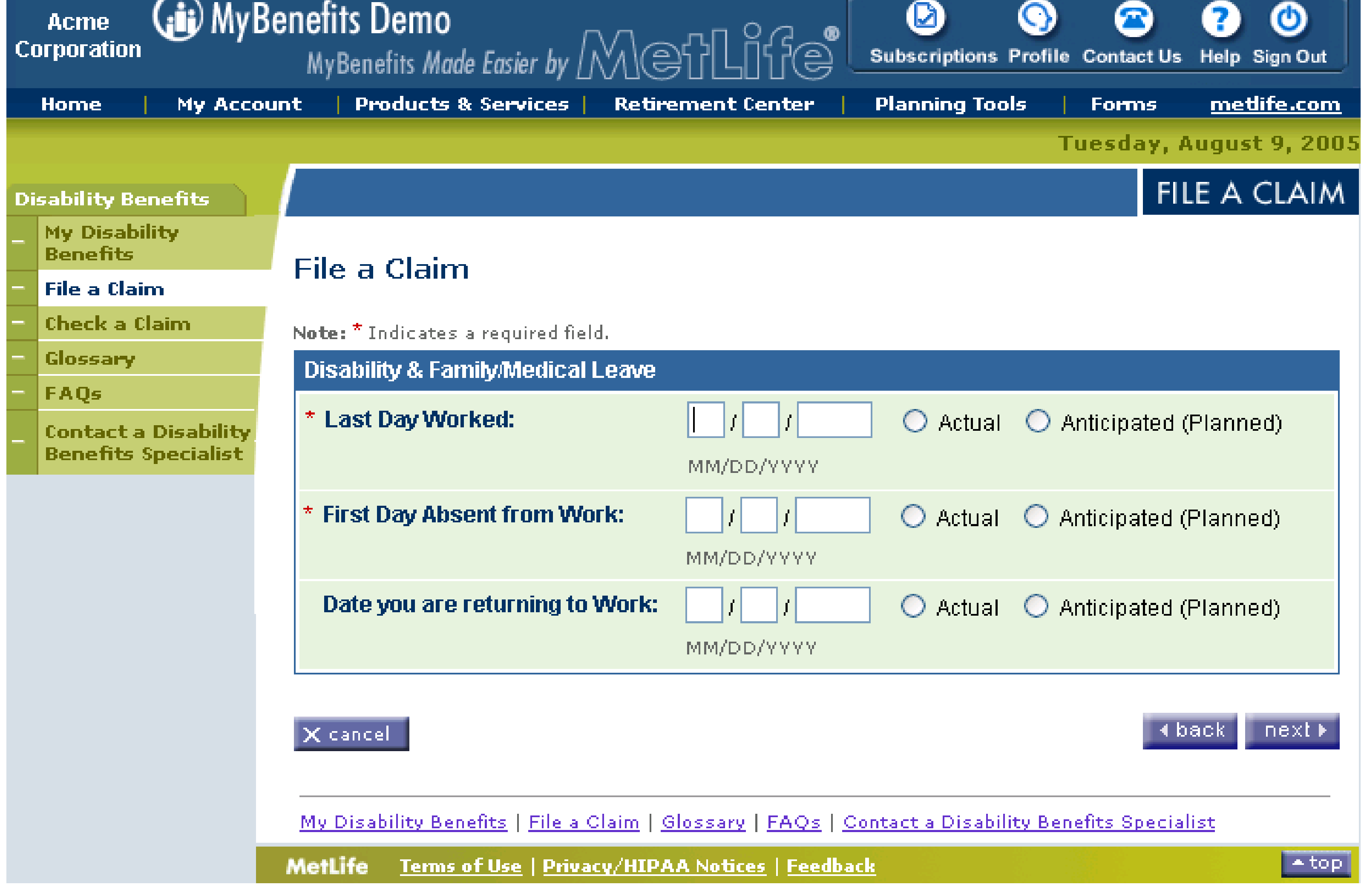
File a Claim – Date Page



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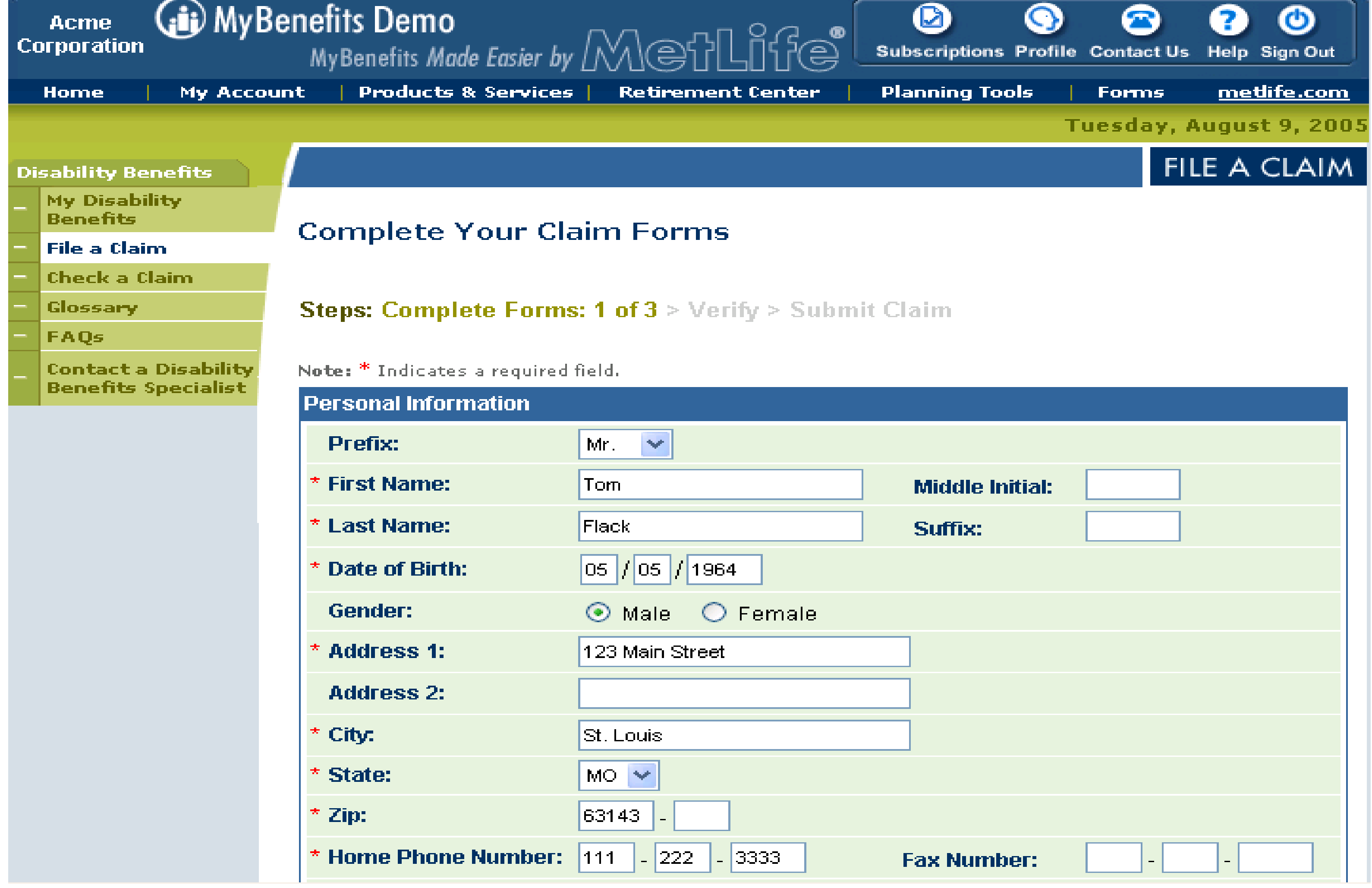
File a Claim – Claim Form 1



File a Claim – Claim Form 1(cont'd)

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Marital Status:	Married
Marital Status for Federal Tax Filing:	Married
Number of Federal Exemptions:	2

Supervisor Information

Prefix:	-	Address1:	
First Name:	Lori	Address2:	
Middle Name:	A	City:	
Last Name:	Jones	State:	-
Suffix:		Zip:	-
Phone Number:	555 - 555 - 1212 ext	E-mail Address:	
Fax Number:	- -		

cancel | next

My Disability Benefits | File a Claim | Glossary | FAQs | Contact a Disability Benefits Specialist

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File a Claim – Claim Form 2 (cont'd)

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Other Income Information

* **Have you filed a workers' compensation claim?** (•) Yes ( ) No

Complete the following information about your workers' compensation claim.

Amount: $

Frequency: -

Start Date: / / MM/DD/YYYY

End Date: / / MM/DD/YYYY

Are you receiving any other benefits? (•) Yes ( ) No

Complete the following for any other income benefits being received.

	Amount	Start Date MM/DD/YYYY	End Date MM/DD/YYYY	Frequency
Salary Continuance:	$	/ /	/ /	-
State Disability:	$	/ /	/ /	-
Other Income:	$	/ /	/ /	-

Other Income Description:

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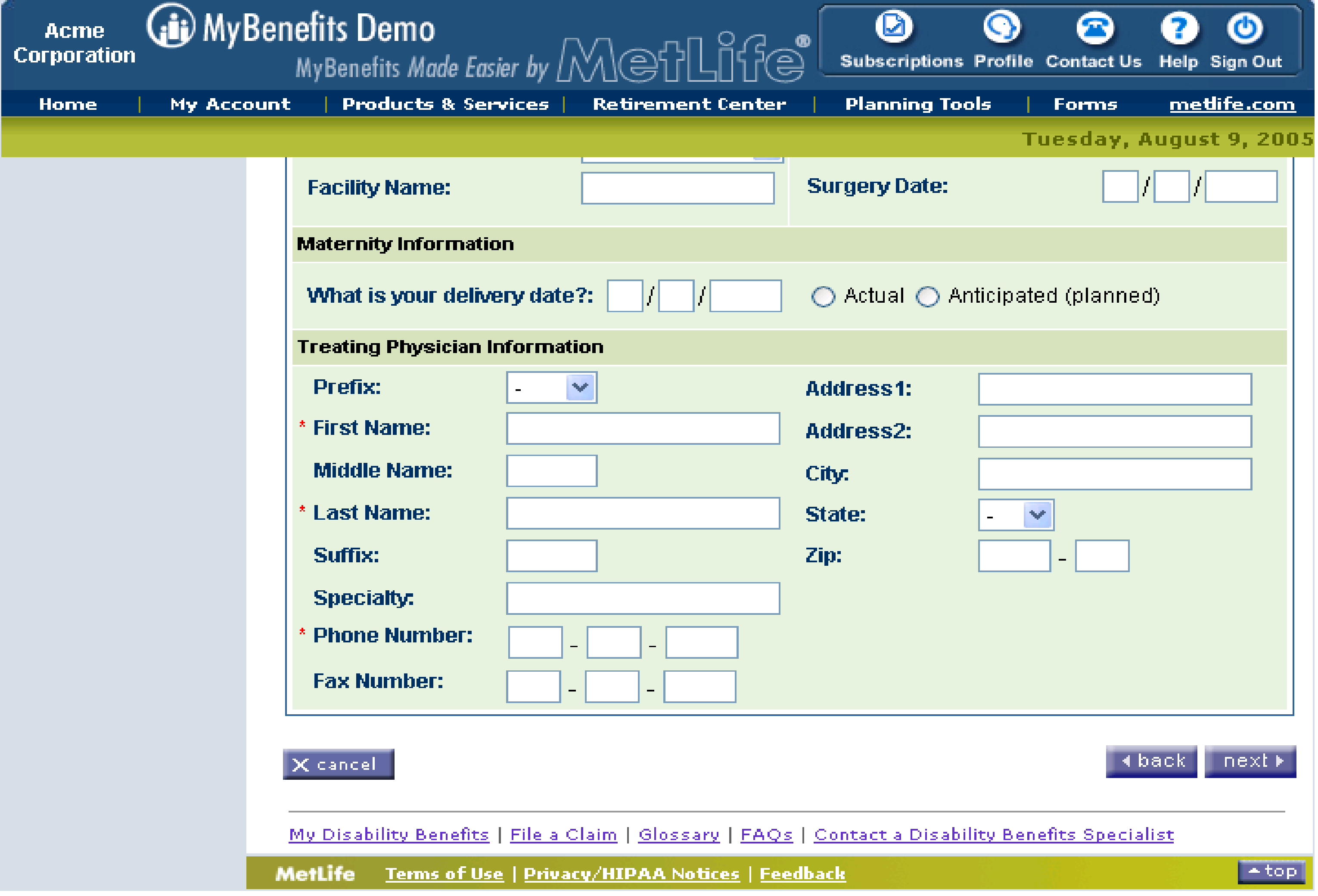
File a Claim – Claim Form 3 (cont'd)



File a Claim – Verify Forms Information

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FILE A CLAIM

Verify Your Claim Forms

Steps: Complete Forms: 3 of 3 > **Verify** > Submit Claim

Personal Information

Prefix:	Mr.	**Address:**	123 Main Street
First Name:	Tom		
Middle Name:		**City:**	St. Louis
Last Name:	Flack	**State:**	Montana
Suffix:	-	**Zip:**	63143
Home Phone Number:	111-222-3333		
Fax Number:			
Date of Birth:	05/05/1964	**Marital Status:**	Married
Gender:	M	**Marital Status for Federal Tax Filing:**	Married
		Number of Federal Exemptions:	2

edit

File a Claim – Verify Forms (cont'd)

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Supervisor Information

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:**	lajones@acme.com
Fax Number:	555-555-2255		

edit

Employment Profile

Do you 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 Hours
Tuesday:	8 Hours
Wednesday:	8 Hours
Thursday:	8 Hours
Friday:	8 Hours

File a Claim – Verify Forms (cont'd)

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Accident-Related Information

Is your absence a result from an accident?:	No	Accident Type:	
Accident Date:		State in which accident occurred:	
Date of First Treatment after Last Date Worked:	-	Hospital Admission Date:	-
Treatment Location:	-	Hospital Discharge Date:	-
Facility Name:		Surgery Date:	-

edit

Maternity Information

Delivery Date:	-

edit

Treating Physician Information

Prefix:	Dr.	Address:	123 Box Lane
First Name:	James	City:	Cleveland
Middle Name:	-	State:	OH
Last Name:	Bishop	Zip:	05543
Suffix:	-		
Specialty:			
Phone Number:	987-555-4321		
Fax Number:			

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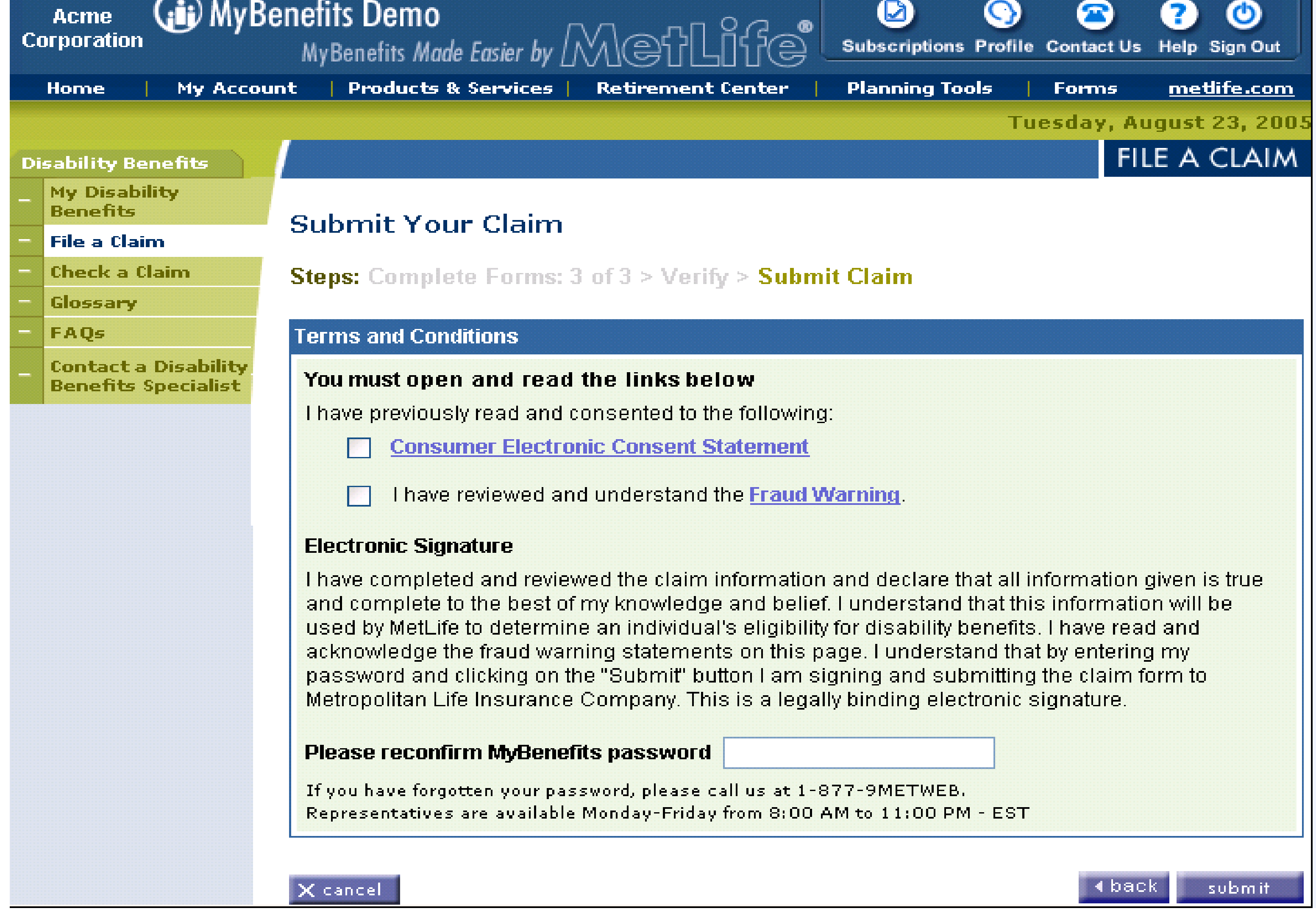
File a Claim – Submit Page



File a Claim – Confirmation/Scripting page

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- File a Claim
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The claim information you provided has been transmitted to MetLife for review. Here is your claim number:

FMLA Claim Number:FM0509155988

Printer friendly page

What happens next?

- A Case Manager will be assigned to your claim to review the information submitted. Claims are not reviewed until the employee is out of work. A notice of our decision will be sent to you and your supervisor in writing.
- MetLife will be contacting your physician(s) to request medical information. Please inform your physician(s) that MetLife will be administering your claim and authorize the release of your medical information to the MetLife claims office.
- Download your Medical Authorization form to speed up the handling of your claim. If you are unable to download a form, one will also be automatically mailed to you immediately from MetLife. Take these forms to your physician to be completed and then fax them to MetLife (Attn: MetLife Disability Claims Unit) at 1-800-230-9530. You should sign and return this form as soon as possible. Please include your claim number on all correspondence to MetLife.
- Click Subscriptions to sign up to receive automatic alerts sent to your email address regarding the status for any processed disability claims or Family Medical Leave Request.

Your employer may be contacted to discuss your specific job duties in detail. Confidential medical information will not be shared with your employer. Only your physical abilities as they relate to your job requirements will be discussed. Any changes to the pre-populated data on the claim forms will not automatically update your employer records. Please contact your employer's Human Resources department to make necessary changes.

MyBenefits – Download Medical Authorization form

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Other Forms

Product		Download Form
Family Medical Leave	→	Authorization to Furnish Medical Information
	→	Health Care Provider Cert. FMLA
Long Term Disabiliy	→	Activities of Daily Living
	→	Medical Authorization Form
	→	Supplemental Reimbursement Agreement
Short Term Disability	→	Medical Authorization Form
	→	Supplemental Reimbursement Agreement

Although enrollment options are here, enrollment may be limited to specific periods. Check your plan for more information.

Enroll

Product	Enroll Online	Download Form
Auto and Home	→	1-800-GET-MET8
Group Legal Services	→	
Bank	→	1-800-GET-MET8
Long-Term Care	→	
Retirement Income	→	

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My Account

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HUGH J, Read below for services available through MyBenefits.

Here is a list of all your current subscriptions and offers.

☑ Disability eAlert — Email me at tflack@acme.com when my disability claim has been processed.

Profile Information.

Profile Email Address — Email me at tflack@acme.com to confirm changes to my profile information.

☐ News and Offers! — Email me about news and offers available on the MyBenefits website. This email will be sent to my **Profile Email Address.**

- To subscribe, check the appropriate box and save.
- To change your email address, type in the new email address and save.
- To unsubscribe, uncheck the appropriate box and save.

✕ cancel   ✓ save

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Employees can check disability claim details, including claim status and claim payment details - when applicable