



MyBenefits Group Disability “On-line claim Intake”

MetLife Online Service Solutions

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

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



MyBenefits Demo

MyBenefits Made Easier by **MetLife®**

SIGN IN



MyBenefits makes managing your benefits easier

- See your MetLife benefits in one place
- Get the information you need faster

Please enter your company's name

Company Name:

» next

MetLife supports 128-bit browser encryption. For security reasons, this site requires either Internet Explorer 4.01 and above or Netscape Navigator 4.72 and above. Click here to view our [Browser Support](#).

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



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**

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](#)

HOME

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**
- Check A Claim

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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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
- **File a Claim**
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- Contact a Disability Benefits Specialist

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

File a Claim – Date Page

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FILE A CLAIM

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File a Claim

Note: * Indicates a required field.

Disability & Family/Medical Leave

* Last Day Worked:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Actual	<input type="radio"/> Anticipated (Planned)
	MM/DD/YYYY		
* First Day Absent from Work:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Actual	<input type="radio"/> Anticipated (Planned)
	MM/DD/YYYY		
Date you are returning to Work:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Actual	<input type="radio"/> Anticipated (Planned)
	MM/DD/YYYY		

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File a Claim – Claim Form 1

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FILE A CLAIM

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Complete Your Claim Forms

Steps: **Complete Forms: 1 of 3** > Verify > Submit Claim

Note: * Indicates a required field.

Personal Information

Prefix:	<input type="text" value="Mr."/>		
* First Name:	<input type="text" value="Tom"/>	Middle Initial:	<input type="text"/>
* Last Name:	<input type="text" value="Flack"/>	Suffix:	<input type="text"/>
* Date of Birth:	<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="1964"/>		
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female		
* Address 1:	<input type="text" value="123 Main Street"/>		
Address 2:	<input type="text"/>		
* City:	<input type="text" value="St. Louis"/>		
* State:	<input type="text" value="MO"/>		
* Zip:	<input type="text" value="63143"/> - <input type="text"/>		
* Home Phone Number:	<input type="text" value="111"/> - <input type="text" value="222"/> - <input type="text" value="3333"/>	Fax Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>

File a Claim – Claim Form 1(cont'd)

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Marital Status:	<input type="text" value="Married"/>
Marital Status for Federal Tax Filing:	<input type="text" value="Married"/>
Number of Federal Exemptions:	<input type="text" value="2"/>

Supervisor Information

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Prefix:</td> <td><input type="text" value="-"/></td> </tr> <tr> <td>First Name:</td> <td><input type="text" value="Lori"/></td> </tr> <tr> <td>Middle Name:</td> <td><input type="text" value="A"/></td> </tr> <tr> <td>Last Name:</td> <td><input type="text" value="Jones"/></td> </tr> <tr> <td>Suffix:</td> <td><input type="text"/></td> </tr> <tr> <td>Phone Number:</td> <td><input type="text" value="555"/> - <input type="text" value="555"/> - <input type="text" value="1212"/></td> </tr> <tr> <td></td> <td><input type="text" value="ext"/></td> </tr> <tr> <td>Fax Number:</td> <td><input type="text"/> - <input type="text"/> - <input type="text"/></td> </tr> </table>	Prefix:	<input type="text" value="-"/>	First Name:	<input type="text" value="Lori"/>	Middle Name:	<input type="text" value="A"/>	Last Name:	<input type="text" value="Jones"/>	Suffix:	<input type="text"/>	Phone Number:	<input type="text" value="555"/> - <input type="text" value="555"/> - <input type="text" value="1212"/>		<input type="text" value="ext"/>	Fax Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Address 1:</td> <td><input type="text"/></td> </tr> <tr> <td>Address 2:</td> <td><input type="text"/></td> </tr> <tr> <td>City:</td> <td><input type="text"/></td> </tr> <tr> <td>State:</td> <td><input type="text" value="-"/></td> </tr> <tr> <td>Zip:</td> <td><input type="text"/> - <input type="text"/></td> </tr> <tr> <td>E-mail Address:</td> <td><input type="text"/></td> </tr> </table>	Address 1:	<input type="text"/>	Address 2:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text" value="-"/>	Zip:	<input type="text"/> - <input type="text"/>	E-mail Address:	<input type="text"/>
Prefix:	<input type="text" value="-"/>																												
First Name:	<input type="text" value="Lori"/>																												
Middle Name:	<input type="text" value="A"/>																												
Last Name:	<input type="text" value="Jones"/>																												
Suffix:	<input type="text"/>																												
Phone Number:	<input type="text" value="555"/> - <input type="text" value="555"/> - <input type="text" value="1212"/>																												
	<input type="text" value="ext"/>																												
Fax Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>																												
Address 1:	<input type="text"/>																												
Address 2:	<input type="text"/>																												
City:	<input type="text"/>																												
State:	<input type="text" value="-"/>																												
Zip:	<input type="text"/> - <input type="text"/>																												
E-mail Address:	<input type="text"/>																												

X cancel
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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	End Date	Frequency
		MM/DD/YYYY	MM/DD/YYYY	
Salary Continuance:	\$ <input style="width: 60px;" type="text"/>	<input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> / <input style="width: 50px;" type="text"/>	- <input style="width: 50px;" type="text" value="v"/>
State Disability:	\$ <input style="width: 60px;" type="text"/>	<input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> / <input style="width: 50px;" type="text"/>	- <input style="width: 50px;" type="text" value="v"/>
Other Income:	\$ <input style="width: 60px;" type="text"/>	<input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> / <input style="width: 50px;" type="text"/>	- <input style="width: 50px;" type="text" value="v"/>
Other Income Description:	<div style="text-align: right;"> <input style="width: 95%; height: 20px;" type="text"/> <div style="display: flex; justify-content: flex-end; align-items: center;"> ^ v </div> </div>			

File a Claim – Claim Form 3 (cont'd)

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Facility Name: Surgery Date: / /

Maternity Information

What is your delivery date?: / / Actual Anticipated (planned)

Treating Physician Information

Prefix: - Address 1:

* First Name: Address 2:

Middle Name: City:

* Last Name: State: -

Suffix: Zip: -

Specialty:

* Phone Number: - -

Fax Number: - -

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File a Claim – Verify Forms Information

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Disability Benefits

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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	City:	St. Louis
Middle Name:		State:	Montana
Last Name:	Flack	Zip:	63143
Suffix:	-	Home Phone Number:	111-222-3333
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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Tuesday, August 9, 2005

Supervisor Information

Prefix: Ms.	Address: 1234 Street
First Name: Lori	Suite 2
Middle Name: A.	Anytown, OH 43856
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?:

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
Saturday:	0 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:	
edit	

File a Claim – Submit Page

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FILE A CLAIM

Disability Benefits

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Submit Your Claim

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

Terms and Conditions

You must open and read the links below

I have previously read and consented to the following:

- [Consumer Electronic Consent Statement](#)
- I have reviewed and understand the [Fraud Warning](#).

Electronic Signature

I have completed and reviewed the 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 MyBenefits password

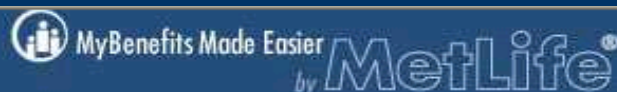
If you have forgotten your password, please call us at 1-877-9METWEB.
Representatives are available Monday-Friday from 8:00 AM to 11:00 PM - EST

X cancel

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submit

File a Claim – Confirmation/Scripting page

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– **File a Claim**

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Benefits Specialist

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 Disability	→ 	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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HUGH J, Read below for services available through MyBenefits.

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

<input checked="" type="checkbox"/> Disability eAlert	Email me at <input type="text" value="tflack@acme.com"/> when my disability claim has been processed.
Profile Information.	
Profile Email Address	Email me at <input type="text" value="tflack@acme.com"/> to confirm changes to my profile information.
<input type="checkbox"/> 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.

X cancel
✓ save

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

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Thursday, March 10, 2005

Disability Benefits

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CHECK A CLAIM

Claim Status



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Submitted Claim Summary — Claim # : 760204030408
View details for associated STD Claim #: [530112288293](#)

Employee: Flack, Tom	Disability Date: 10/05/2002
SSN: XXX-XX-1234	Claim Type: Long Term Disability
Employee ID : 000000001	

Status: Open

Your disability claim was approved from 04/05/2003 through 04/05/2005.
 During this period your case manager may be working with you your employer and your physician to facilitate your return to gainful employment as appropriate.

Your last disability check was a direct deposit on 06/30/2003 for the period from 06/01/2003 through 06/30/2003 in the amount of \$1,750.00. This amount may reflect reductions for taxes or other adjustments.

The total disability benefit amount paid to date for the period from 04/05/2003 through 06/31/2003 is the amount of \$5,016.67. This amount may reflect reductions for taxes or other adjustments.

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