MyBenefits User Guide - Absence Management & Disability Claims for Employees

(DE/Cat)
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MyBenefits for Employees Overview

The MyBenefits Absence Management and Disability functionality on the MetLife MyBenefits website provides a secure environment for employees to review and monitor disability claims and absences. Upon navigation to either online.metlife.com/benefits or mybenefits.metlife.com, you’ll be brought to the main page.

Note: Not all features in this User Guide will be available to all customers

MyBenefits Registration and Log-In

To get started from the main page, enter your group name in the upper right-hand corner. A drop-down menu of organizations may appear with options to choose from (if more than one match is found). Click Next to locate your group/company name.

NOTE: The user will be prompted to access the MyBenefits website by either clicking on login for existing users or clicking register for new users. Registration will be required for new users and standard login will be required for existing users. To register, see the Registration login experience below. For all registered users, they will be prompted to enter their username and password. Secure authentication will be required for registration and maybe required for ongoing login verifications.
After clicking Next, the user will be brought to the View your benefits page. The new user will click Register and the existing user will click Login.

Registration/Login experience

To register, click the blue register button and complete the requested information.

Upon successful registration, you will have access to your account/benefits.
For existing already registered users, the user will click Login and be brought to Log in to Your Account.

Once the user has entered their Username and Password, they will click the blue Log In button.
Users who have not accessed their benefits in last six months and/or are using a different device will be asked to enter a Secure Authorization code that will be sent to their email address/mobile number entered in the registration page. Enter the code, which is valid for 15 minutes, and click Next.

Once logged into the portal, the user will be greeted with the **Welcome** page.

The **MyBenefits** page provides the following links that can be selected to navigate to pages offering claims information and documents/forms:

- My Accounts
- Claim Center - a user has access to claim information for all current products.
- Document and Forms – documents shared with the user will be available here.

In the lower section of the page, this provides the user with additional ways to access communication preferences with the following Shortcuts:
- Update email and phone
- Communication preferences

In the top section of the page, the icons will link the user to additional resources such as:

- Access My Profile
- Contact Us
- Messaging Center
- Frequently Asked Questions
My Accounts Page

By clicking on the ‘My Accounts’ card, the user will find their coverages within individual product cards, including an Absence Management and Disability claim information that includes disability and absence claim details. If the user has other coverages, these will be available in additional cards on the My Accounts page.

In the Absence Management and Disability card, the user will see a quick view of their most recent disability claims and absences, which includes their MetLife Event Number (MLE #), the claim number (once created), start date and the claim/absence status.

For both Disability and Absence claims, by clicking on:

- View All, this will bring the user to a List View of their most recent claims and absences.
- The arrow at the top of either card, this will bring the user to an Overview page.
- The claim or absence numbers, the user is navigated to the Absence/Claim Experience page which is discussed later in this guide. The only exclusion is for an ADA claim which will be discussed in the View an ADA Claim section of this guide.

In addition, the “I Want To” drop down from the card will provide additional information and views such as:

1) Manage Claim/Time Off
2) View forms
3) View Glossary
4) View Claims/Absences
5) Contact a Specialist
File A Claim/Absence

When clicking the File A Claim link from the My Accounts page/Absence Management card, the user will be brought to the beginning of the process for filing a disability/absence claim with MetLife.

By selecting “Other Claim” the process will allow the user to submit the new absence/claim or enter time taken for a previously submitted intermittent absence. See “File A Claim for COVID 19” section in this guide for submitting COVID related claims. See “Submit Intermittent time taken for an Existing Absence” section of the guide for the reporting of time taken.

A series of questions will be presented for the user to submit their absence request. The questions may vary depending on the length and type of absence for which they are applying. Click Start.
Step 1: In this step the user will select either ‘File a Claim’ to file a new claim or ‘Update an existing intermittent claim’ to follow updating with time taken.

Step 2: In this step the claimant provides details on the Type of Leave and reason for absence.

Step 3: The next steps allow the claimant to provide specific details about the Employee Information.
Step 4: The next steps allow the claimant to provide job information specific details.
Step 5: The next step allows the user to provide Absence specific details.
**Step 6:** The next step allows the user to provide specific details about the Work Schedule.

**Step 7:** The next step allows the user to provide Reporting Details.
**Step 8:** The next step allows the user to provide Disability Details.

**Step 9:** The next step allows the user to provide Medical Details.
Medical Information

All fields marked with an asterisk (*) are mandatory.

Complete the section below if requesting a family member to come.

What is the relationship to the family member?

Family Member's Personal Information

Gender

Date of Birth

Full Name

Does the spouse work for the same employer?

Spouse's Social Security Number

Please provide any additional details you would like to share about this request.

Cancel NEXT
Step 10: The next step allows the user to review the details entered, review the requirements and click ‘Submit Claim’.
After successful submission of your Absence, you will receive a confirmation page:
An acknowledgement letter will be mailed and posted in the Documents & Forms link with additional information about your claim(s). A case manager will be assigned to your claim and may reach out to you for additional information based on your specific request.
File A Claim for COVID-19

When clicking the File A Claim link from the My Accounts page/Absence Management card, the user will be brought to the beginning of the process for filing a COVID claim with MetLife.

By selecting “COVID” the process will allow the user to submit the new COVID claim or enter time taken for a previously submitted intermittent absence. See “File A Claim” section in this guide for submitting other related claims. See “Submit Intermittent time taken for an Existing Absence” section of the guide for the reporting of time taken.

A series of questions will be presented for the user to submit their absence request. The questions may vary depending on the length and type of absence for which they are applying. Click Start.
Step 1: In this step the claimant will provide details on their work from home status and if they have symptoms preventing them from working.

Step 2: Depending on the answers provided by the user for this claim, they may find themselves deemed not eligible for the COVID related claim. However, they can still file a claim if necessary. Additional information may be required to complete the process.
After successful submission of your Absence, you will receive a confirmation page:
Submit Intermittent Time for an Existing Absence

The user also has the option to submit intermittent time when reporting an absence. The questions and information vary slightly from the new absence submission.

When clicking the File a Claim link from the My Accounts page/Absence Management card, the user will be brought to the beginning of the process for filing a disability/absence claim with MetLife.

By selecting “Other Claim” the process will allow the user to submit the new absence/claim or enter time taken for a previously submitted intermittent absence. See “File A Claim for COVID 19” or the “File A Claim” sections in this guide for submitting COVID related or other claims.

A series of questions will be presented for the user to submit their absence request. Click Start.
Step 1: In the drop down click Update an existing intermittent claim and click Next.

Step 2: The user will then select which intermittent period to report time by clicking on the appropriate radio button and then click Next.
Select Absence

All fields marked with an asterisk (*) are mandatory.

Which Intermittent Period would you like to report on?

<table>
<thead>
<tr>
<th>Select</th>
<th>MLE # / Absence #</th>
<th>Absence Type</th>
<th>Absence Reason</th>
<th>Start Date / End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MLE-129596</td>
<td>Child Bonding</td>
<td>Adoption</td>
<td></td>
<td>Approved</td>
</tr>
<tr>
<td></td>
<td>MLE-129596</td>
<td>Child Bonding</td>
<td>Adoption</td>
<td></td>
<td>Approved</td>
</tr>
</tbody>
</table>

Cancel  NEXT

If the claim you were looking for did not display, here are some potential reasons why and next steps that could be taken.

Potential Reasons and Next Steps

- **Claim not filed**: If you haven't filed an intermittent claim yet, you can [file a claim online](#).
- **State Paid Family or Medical Leave**: If your absence is associated with a state-paid family leave or medical leave, please contact the Customer Response Center at PHONE NUMBER to report intermittent absences.
- **Claim filed within 2 business days**: It may take up to 2 business days before you can report an absence against a newly reported claim. If you previously filed your intermittent claim, you may contact MetLife if you need to report an absence for any intermittent claim not appearing here.
**Step 3:** The user will be asked for additional details regarding the absence period including hours worked. Click Next.
Step 4: The user will be given the opportunity to review the information before submitting the request. Once the information has been reviewed and the user is satisfied it is accurate, they will need to confirm their acceptance of the Consumer Electronic Consent Statement and Fraud Warning and provide electronic signature. Then click the “Submit Claim” button.
After successful submission of your Absence, you will receive a confirmation page:
From the My Accounts page, click on the top arrow of the Absence Management and Disability card to view the Overview Page. The user will see a listing of their:

- Disability Claims
- ADA Claims
- Absences Information
- Time Remaining/Balance
  - Employee Information. On the Employee information card, clicking on the Details arrow provides some employee detailed information.
- Frequently Asked Questions

Clicking on the claim or absence number will bring the user to the Absence/Claim page which is described later in this guide.

NOTE: At the time of submission, the user will be provided with a MetLife Event Number (MLE #). They will also be assigned specific claim numbers based on the Coverage Type required.

Example: For an intermittent claim, you may be assigned an Absence number such as: P00000XXXXXX. For a partnering STD and FMLA pair, you may be assigned two numbers, Claim # 1100000XXXXXXX and Absence # P00000XXXXXX. Once MetLife has assigned these numbers under the MLE #, they will appear in blue which you can then select and view your claim and absence details.
Absence Information Card
The Absence Information card in the Overview page provides information regarding the user’s upcoming absences (up to 10), for which start date is within next 30 days.

Disability Claims Card
Disability Claims card in the Overview page provides information regarding the user’s upcoming claims (up to 10), for which start date is in next 30 days.

NOTE: Clicking on the claim or absence numbers in the Absence Information or Disability Information card will bring the user to the Claim page.
Time Remaining/Balance
This section provides the users with a comprehensive view regarding time allotment for the various Absence programs (specifically named benefit by Law or Company Policy – i.e., FML, state leave, company policy).

List View Page
From the My Accounts page, click on the View All link of the Absence Management and Disability card to view the List View Page where the user will see current claims and absences in a list view that includes:

- **MLE #** - This number is a high-level reference number given to an employee that refers to the overall claim/occurrence. Individual claim and absence number(s) will be assigned based on coverage and the situation.
- **Reference Number** – The absence or claim number selected in your search criteria.
- **Start Date** – This provides the start date of the request
- **End Date** – This provides the end date of the request
- **Return to Work date** - The date provided to approximate the date that the claimant is expected to return to work
- **Type** – The type of claim requested
- **Status** - Current status of the claim

By clicking on Expand All, which will open all claims and absences at once or by selecting the “+” next to each, the following may be included:

For absences:
- **Absence Frequency** – The frequency of the absence will either be continuous (i.e. consecutive days taken during a finite period) or intermittent (i.e. non-consecutive days taken over the course of a predetermined period)
- **Absence Reason** – The overarching reason the absence was submitted
- **Absence Event** – The event that occurred specific to the reason for the absence
- **Leave Request Start Date** – The requested first date of that Leave Request
• **Leave Request End Date** – The requested last date of that Leave Request

For disability claims:
• **Reference Number** – The claim numbers assigned for this occurrence
• **Program** – A disability program such as STD, LTD, ADA, etc.
• **Received Date** – The date that the claim was received by MetLife
• **Benefit Start Date** – The date that the paid benefit can begin
• **Approved Through Date** – The date that the paid benefit is approved through
• **Status** – The corresponding status decision for each claim

By clicking on the blue “View Details” box, this brings the user to the Absence/Claim page. Note: When a claim or absence number is blue, that allows for a hyperlink taking the user directly to the Absence/Claim page.
View the Absence/Claim Experience

After conducting a search to an absence or claim number from anywhere in the site, the user is navigated to the Absence/Claim page.
On the Absence/Claim page, the user will see all their program and claim types for the one occurrence. The user will see the absence details under the Leave Tracking section which includes program and leave request details, certifications, status by program and descriptions and the results of claims by claim type, status and details under the Wage Protection section. Where applicable, may include the Accommodations section for ADA claims the category, type, ADA Specialist’s name, start and end details and whether accommodated.

The following information may display for the absence/claim page:

- **Header** – This section will contain the MetLife Event #, Reference #, Employee Name, Request Submit Date
- **MLE #** - This number is a high-level reference number given to an employee that refers to their overall claim/occurrence. Individual claim and absence number(s) will be assigned based on coverage and the situation.
- **Reference Number** – The absence or claim number selected in your search criteria.
- **Employee name** – Name of the claimant/employee
- **Request submitted on** - The date the claims/absences were submitted to MetLife
- **Date as of** – This provides the date and time for which all claim and absence details have been updated through
- **Employee ID #** - The unique identifier specific to the claimant. For security purposes, the first 5 digits will be masked if the value is equal to the claimant’s SSN
- **Expected Return to Work date** - The date provided to approximate the date that the claimant is expected to return to work
- **Contact Phone** – This will include the claim office direct phone number
- **Associated claim(s)**: Where applicable within this occurrence
<table>
<thead>
<tr>
<th>Disability &amp; Absence Solutions</th>
<th>Data As Of: 10/11/2021 12:36 AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee ID:</td>
<td></td>
</tr>
<tr>
<td>Expected Return To Work Date:</td>
<td>11/30/2022</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td></td>
</tr>
<tr>
<td>Associated Claim(s):</td>
<td></td>
</tr>
</tbody>
</table>
## Leave Tracking

The heading for this section provides key details specific to each Leave Request that has been submitted for the absence, including:

- **Reference Number** – The absence numbers assigned for this occurrence
- **Absence Frequency** – The frequency of the absence will either be continuous (i.e. consecutive days taken during a finite period) or intermittent (i.e. non-consecutive days taken over the course of a predetermined period)
- **Absence Reason** – The overarching reason the absence was submitted
- **Absence Event** – The event that occurred specific to the reason for the absence
- **Leave Request Start Date** – The requested first date of that Leave Request
- **Leave Request End Date** – The requested last date of that Leave Request
- **Leave Request Status** – The overall status of the request
  - If it is ‘Denied’, the denial will apply to all the programs within the request.
  - If it is ‘Approved’, this does not ensure that all programs within the request are ‘Accepted’
- **Leave Request Status Reason** – A reason will be provided to detail why a Leave Request has been ‘Denied’. No value will display if the Leave Request is ‘Approved’
- **+ View More** – When selected it will expand the claim to allow users to view additional details

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Absence Frequency</th>
<th>Absence Reason</th>
<th>Absence Event</th>
<th>Leave Request Start Date</th>
<th>Leave Request End Date</th>
<th>Leave Request Status</th>
<th>Leave Request Status Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Continuous</td>
<td>Serious Health Condition - Employees</td>
<td>Not Work Related</td>
<td>09/02/2022</td>
<td>09/30/2022</td>
<td>Approved</td>
<td></td>
</tr>
</tbody>
</table>

**Leave Program**
- Program Status
- Program Status Reason
- Decision Days

**Federal FMLA**
- Accepted

**Paid Leave**
- Accepted
- Mixed Decision

**Admin**

---

*View Program Details*
*View Leave Request Details*
By selecting the + **View More** button, the user will be able to see the additional details:

- **Leave Program** – All Leave Programs associated with the Leave Request
- **Program Status** – The corresponding Program Status for each Leave Program
- **Program Status Reason** – Displays when Program Status is not equal to ‘Accepted’
- **Decision Days**
- **View Program Details** – The Decision Days specific to the Leave Program when the Program Status is ‘Accepted’
- **View Leave Request Details** – Includes all Decision Days for all Leave Programs with a Program Status of ‘Accepted’. This is downloadable.

<table>
<thead>
<tr>
<th>Leave Tracking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absece Frequency</td>
</tr>
<tr>
<td>Continuous</td>
</tr>
<tr>
<td>Leave Program</td>
</tr>
<tr>
<td>NY Paid Family Leave</td>
</tr>
<tr>
<td>Paid Parental Leave</td>
</tr>
<tr>
<td>Company Fed FML</td>
</tr>
<tr>
<td>Federal FMLA</td>
</tr>
<tr>
<td>Current Certification</td>
</tr>
<tr>
<td>FROM 03/18/2022</td>
</tr>
</tbody>
</table>
For the View Program Decision Days and the View Leave Request Decision Days pages, both links will include the following information, except where noted:

- **Employee** – The name of the employee
- **Absence Number** – The assigned unique number to the absence
- **Absence Reason** – The overarching reason the absence was submitted
- **Absence Event** – The event that occurred specific to the reason for the absence
- **Leave Request Start Date** – The requested first date of that Leave Request
- **Leave Request End Date** – The requested last date of that Leave Request
- **Program (View Program Details page only)** – The name of the program for the covered leave
- **Program (View Leave Request Details page only)** – The name of the program for the specific decision day
- **Time Requested** – The time requested for the Leave Request Date
- **Time Deducted** – The time that was deducted for the Leave Request Date
- **Leave Request Date** – The requested date of the absence
- **Decision** – The decision for the submitted Leave Request Date
- **Reason** – The reason for the decision of the Leave Request Date
- **Total Records** - Will display in the bottom left-hand corner

A filter option will be present in the bottom right-hand corner. It will default to ‘Show 10 results per page’, but options will be available to display in increments of 25, 50, and 100 depending on how many results per claimant.

If there are multiple pages depending on the number of results, the page numbers will be present in the bottom center and can be selected for navigation

**Download** will be an option available within the View Leave Request Details link. Users can click the button to receive a download of the claimant’s decision days.
### Program Decision Days

**Employee**
- Absence Reason: Child Standing
- Leave Request Start Date: 02/18/2022
- Program: NY Paid Family Leave

<table>
<thead>
<tr>
<th>Time Requested</th>
<th>Time Deducted</th>
<th>Leave Request Date</th>
<th>Decision</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Hours</td>
<td>1 Days</td>
<td>02/18/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>8 Hours</td>
<td>1 Days</td>
<td>03/18/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>8 Hours</td>
<td>1 Days</td>
<td>03/21/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>8 Hours</td>
<td>1 Days</td>
<td>03/21/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>8 Hours</td>
<td>1 Days</td>
<td>05/28/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>8 Hours</td>
<td>1 Days</td>
<td>06/21/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>8 Hours</td>
<td>1 Days</td>
<td>06/24/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>8 Hours</td>
<td>1 Days</td>
<td>06/24/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
</tbody>
</table>

Total Records: 42

### Leave Request Decision Days

**Employee**
- Absence Reason: Child Standing
- Leave Request Start Date: 02/18/2022

<table>
<thead>
<tr>
<th>Program</th>
<th>Time Requested</th>
<th>Time Deducted</th>
<th>Leave Request Date</th>
<th>Decision</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>NY Paid Family Leave</td>
<td>8 Hours</td>
<td>1 Days</td>
<td>02/18/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>NY Paid Family Leave</td>
<td>8 Hours</td>
<td>1 Days</td>
<td>03/18/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>NY Paid Family Leave</td>
<td>8 Hours</td>
<td>1 Days</td>
<td>03/21/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>NY Paid Family Leave</td>
<td>8 Hours</td>
<td>1 Days</td>
<td>06/21/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>NY Paid Family Leave</td>
<td>8 Hours</td>
<td>1 Days</td>
<td>06/24/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>NY Paid Family Leave</td>
<td>8 Hours</td>
<td>1 Days</td>
<td>06/24/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>NY Paid Family Leave</td>
<td>8 Hours</td>
<td>1 Days</td>
<td>06/24/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
<tr>
<td>NY Paid Family Leave</td>
<td>8 Hours</td>
<td>1 Days</td>
<td>06/24/2022</td>
<td>Approved</td>
<td>Leave Request Approved</td>
</tr>
</tbody>
</table>

Total Records: 42
Current Certification
This section will provide the most recent information specific to the certification. If available, it will also provide the frequency and duration for the absence.

Current Certification
Episodic
From 10/25/2022 to 11/02/2022, certified for 0.0 Hours to 8 Hours per incident, at a frequency of 5 incident(s) per 1 Weeks

Activity
When the link is selected a pop-up box will appear with the following data specific to the absence activity:

- **Employee** – The name of the employee that the absence is applicable to.
- **Employee ID #** - The unique identifier specific to the claimant. For security purposes, the first 5 digits will be masked if the value is equal to the claimant’s SSN.
- **Reference Number** – A unique number automatically assigned to the absence.
- **MLE Number** – A unique number automatically assigned to the occurrence.
- **Date Recorded** – The timestamp for when the activity occurred in the absence.
- **Claim Activity** – Identifies the activity within the processing of the absence.
- **Description** – Provides additional content to what occurred with the activity. This field will not always be populated.
- **Total Records** will display in the bottom left-hand corner.

A filter option will be present in the bottom right-hand corner. The default will be ‘Show 10 results per page’, but options will be available to display in increments of 25, 50, and 100 depending on how many results per claimant.

If there are multiple pages depending on the number of results, the page numbers will be present in the bottom center and can be selected for navigation.

To return to the absence/disability claim page, the user can click the ‘X’ in the upper right-hand corner.
Wage Protection

The heading for this section provides key details specific to each program that has been submitted for the occurrence, including:

- **Reference Number** – The claim numbers assigned for this occurrence
- **Program** – A disability program such as STD, LTD, etc.
- **Received Date** – The date that the claim was received by MetLife
- **Benefit Start Date** – The date that the paid benefit can begin
- **Approved Through Date** – The date that the paid benefit is approved through
- **Status** – The corresponding status decision for each claim
- ‘+ View More’ – When selected it will expand the claim to allow users to view additional details

By selecting the ‘+ View More’ button, the user will be able to see the following additional details:

**Most Recent Payment** (if applicable)
- **Payment Date** – The date that the payment was issued
- **Payment From** – The first date for the most recent payment
- **Payment Through** – The through date for the most recent payment
- **Payable To** – Identifies to whom the payment was made
- **Funds Available** – The date that the funds will be available for an online payment
- **Payment Method** – The method in which the payment will be received
- **Payment Amount** – The most recent payment amount that has been issued
View Payment History (if applicable)
When the link for View Payment History is selected, a pop-up box will display all payments that have been made to date.

- **Employee** – The name of the employee
- **Claim Number** – A unique number automatically assigned to the absence
- **Benefit Start Date** – The date that the paid benefit begins
- **Approved Through Date** – The date that the paid benefit is approved through
- **Payment Date** – The date that the payment was issued
- **Pay From** – The first date that the payment is from for the Payment Date
- **Pay Through** – The end date that the payment is through for the Payment Date
- **Payable To** – Identifies to whom the payment was made
- **Payment Method** – The method in which the payment will be received for the Payment Date
- **Payment Amount** – The payment amount that has been issued for the Payment Date
- **Total Records** - Displays the total in the bottom left-hand corner

A filter option will be present in the bottom right-hand corner. It will default to ‘Show 10 results per page’, but options will be available to display in increments of 25, 50, and 100 depending on how many results per claimant.

If there are multiple pages depending on the number of results, the page numbers will be present in the bottom center and can be selected for navigation.

To return to the absence/disability claim page, the user can click the ‘X’ in the upper right-hand corner.
Details
When the link for Details is selected, a pop-up box will display data that is specific to the paid leave.

There is text present at the top of the pop-up box instructing the user to report any discrepancies identified to MetLife via the Add Comment / Document feature in the Additional Actions section.

- **Program** – The approved paid leave program
- **Reference Number** – The unique number assigned to the paid component of the leave for this program
- **Date of Disability** – The date that the disability began
- **Received Date** – The date that MetLife was notified of the occurrence
- **Last Date of Work** – The date last worked
- **Transition Date** – The date the claim could move from Own Occupation provisions to Any Occupation provisions.
- **Description of Illness** – The diagnosis provided for the claim
- **Benefit Start Date (Approved From)** – The date that the paid benefit was approved from
- **Benefit End Date (Approved Through Date)** – The date that the paid benefit is approved through
- **Maximum Benefit Duration Date** – The maximum date benefits are allowed under this plan
- **Work Related** – Will display if work related absence
- **Workers Comp Filed** – If this is a work-related absence, has a worker’s comp claim been filed?
- **Case Manager name** – The MetLife case manager name. To contact, use the Contact Number at the top of the absence/claim page to reach the case manager.

To return to the absence/disability claim page, the user can either select the ‘X’ in the upper right-hand corner or the ‘CLOSE’ button in the bottom right-hand corner.
**Appeal information** (if applicable)
If an appeal has been filed for a claim, the below information may appear:
- Received Date
- Acknowledgement Letter Sent
- Decision and Date
- Status and Date
- Determination Due Date Reason Description

**Activity**
When the link is selected a pop-up box will appear with the following data specific to the absence activity:
- **Employee** – The name of the employee
- **Reference Number** – A unique number assigned to the claim
- **MLE Number** – A unique number automatically assigned to the occurrence
- **Date Recorded** – The timestamp for when the activity occurred on the claim
- **Claim Activity** – Identifies the activity within the processing of the absence
- **Description** – Provides additional content to what occurred with the activity. This field will not always be populated.
- **Total Records** – Displays the total in the bottom left-hand corner

To view available details, select either the Expand All or the “+” next to each item. If additional information is available based on the user’s entitlement, the View Document link will appear. Click the link which will open the document for viewing.
A filter option will be present in the bottom right-hand corner. It will default to ‘Show 10 results per page’, but options will be available to display in increments of 25, 50, and 100 depending on how many results per claimant.

If there are multiple pages depending on the number of results, the page numbers will be present in the bottom center and can be selected for navigation.

To return to the absence/disability claim page, the user can click the ‘X’ in the upper right-hand corner

![Activity Table](image)

**Accommodations**

The heading for this section provides key details specific to each ADA Accommodation request that has been submitted, including:

- **Reference Number** – The claim numbers assigned for this occurrence
- **Request Date** – The date that the claim was received by MetLife
- **ADA Specialist** – The assigned MetLife ADA Specialist to the claim
- **‘+ View More’** – When selected it will expand the claim to allow users to view additional details

By selecting the ‘+ View More’ button, the user will be able to see the following additional details:

The Accommodation Information will include, as appropriate:

- **Category** – The specific reason for the request (ex: Frequent breaks)
- **Type** - The actual requirement for the request (ex: taken every 30 minutes)
- **Start Date** – The beginning date of the request
- **End Date** – The end date of the request
- **Accommodated** – If noted, whether the employer can accommodate the request
Additional Actions

Personal Information
In the Additional Actions section, by clicking on the Personal Information link, the user can submit updates which will be reviewed by the case manager. This includes:

- Name
- Gender
- Date of Birth
- EE ID #
- Address
- Date of Hire
- Expected Return to Work
- First Day Absence
- Hours worked per week
- Total hours worked in past 12 months

Download to PDF
In the Additional Actions section, by clicking on the Download to PDF link, the user will be routed to their desktop Print feature so that they can print the absence/disability claim page.

Add Comment / Document
In the Additional Actions section, by clicking on the Add Comment / Document link, the user will have the ability to securely add comments or documents within a form that will display on the right-hand side of the screen. The following data fields are required for submission:

- First Name
- Last Name
- Email Address
- Select a ‘Subject’ from the dropdown menu below the ‘What is your comment about?’
- Phone Number – (optional)
- Enter your question/comment in the entry box under the heading ‘Your Question or Comment’
- To add a file or document, click the link ‘Browse to add a file’
  - Acceptable file types include: .doc, .docx, .pdf, .tiff, .txt, .jpeg, .jpg, .rtf
  - The maximum combined file size is 4MB

Select ‘SUBMIT’ to complete the submission.

Upon submission:
• The user will be returned to the absence/disability claim page
• The comment/question will be sent to the claim file for review within 5 business days and the information will become a permanent part of the claim file
• The user will receive a confirmation email after submission; however, the actual content of the submission will not be included for security purposes
• It is recommended that the user print a copy of the comments to retain for their records prior to submitting the form
• To return to the absence/disability claim page without completing the submission, either select ‘X’ in the upper right-hand corner or ‘Cancel’ in the lower left-hand corner. If ‘Cancel’ is selected, the user will be provided the following options:
  • GO BACK – If selected, the user will remain within Add Comment / Document
  • YES, CANCEL – If selected, the user will return to the absence/disability claim page and no information entered will be retained or submitted
Download Forms
In the Additional Actions section, by clicking on the Download Forms link, the user will be brought to the Documents & Forms page to access any available forms.

Manage Claim/Time Off
In the Additional Actions section, by clicking on the Manage Claim/Time Off link, the user will be brought to the Manage Claim page. There the user can:

1) File a new absence/claim, including a COVID 19 related claim
2) Update a previously reported absence

See “File A Claim” under the My Accounts page section of this guide

NOTE: By selecting either Other Claim or COVID-19 claim, it will bring you to the claim entry process for that situation.

View Preferences
In the Additional Actions section, by clicking on the View Preferences link or clicking on the Profile icon at the top right-hand side of the page, will bring you to the preferences page where updates can be made such as to security questions, etc.

View Older Events
In the Additional Actions section, by clicking on the View Older Events, the user will be provided with a Claim History list page of older claims.

Update Payment Method (if applicable)
In the Additional Actions section, by clicking on the Update Payment Method, the claimant will have the opportunity to review their banking information for accuracy, enter new banking information and receive confirmation of updates. In the electronic signature box, you will be instructed on information required.
Add/update Bank Account

All fields are required unless noted
Choose the bank account for direct deposit of your claim payment.

Select Account

Bank Routing Number:

Bank Account Number

Confirm Bank Account Number:

Electronic Signature

I have completed and reviewed the information above and declare that all information given is true and complete to the best of my knowledge and belief. I understand that by entering my information below and clicking the Submit button, I am signing and submitting the Direct Deposit form to Metropolitan Life Insurance Company. This is a legally binding electronic signature.

Enter your

Success! You updated your Direct Deposit.
You updated your direct deposit.

Below are your direct deposit details:

Bank Name
Routing Number:
Account Number:

CLOSE
If You Need Assistance

Technical errors may be encountered when attempting to retrieve or update data. In these situations, the following message is displayed, containing the error code number of the appropriate error:

“A system error has occurred. Please call the Call Center and quote the error number.”

If you experience this error, attempt to repeat the action you just attempted. If you are still unable to proceed, call the call center at 1-877-9METWEB. Record the error number to assist when investigating the issue.

The hours of operation are Monday through Friday, 8 AM – 11 PM ET.