

MyBenefits User Guide - Absence Management & Disability Claims for Employees

(DE/Cat)



Employee Experience



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L L0123028374[exp0225]
[All States and All Territories]
Navigating life together

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MyBenefits for Employees Overview

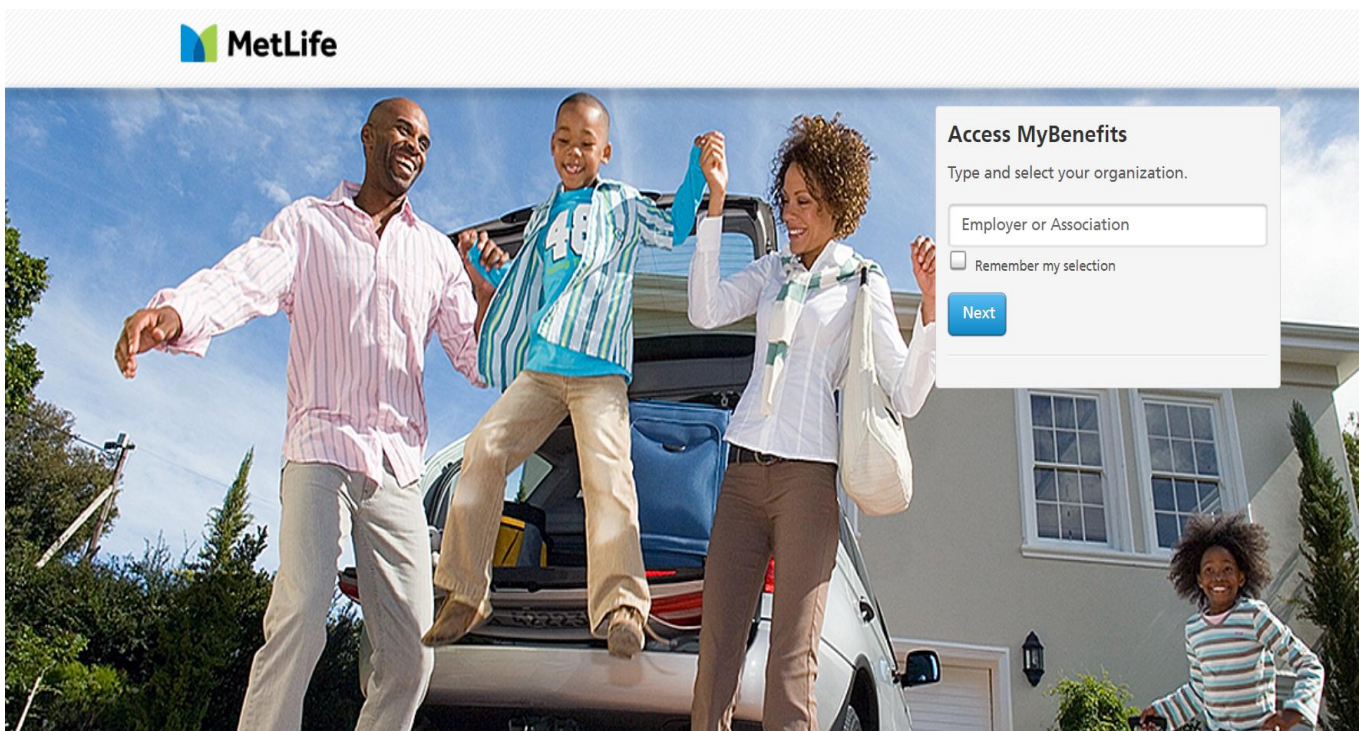
The MyBenefits Absence Management and Disability functionality on the MetLife MyBenefits website provides a secure environment for employees to review and monitor disability claims and absences. Upon navigation to either online.metlife.com/benefits or mybenefits.metlife.com, you'll be brought to the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

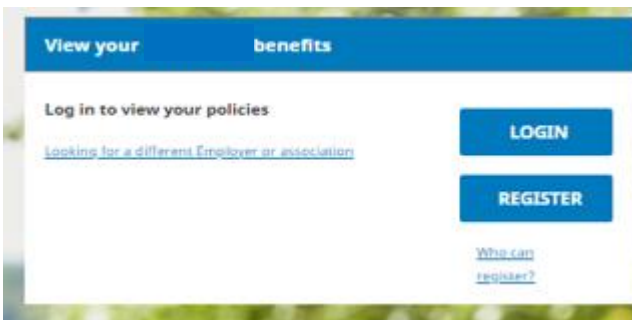


After clicking Next, the user will be brought to the View your benefits page. The new user will click Register and the existing user will click Login.

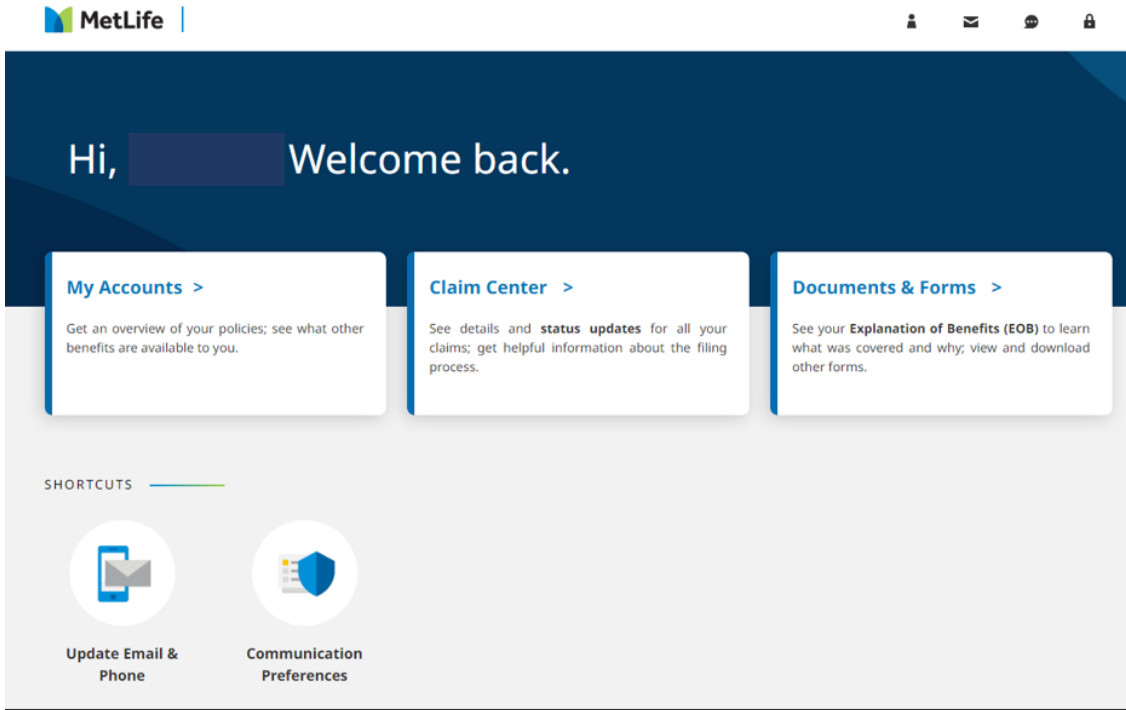


Registration/Login experience

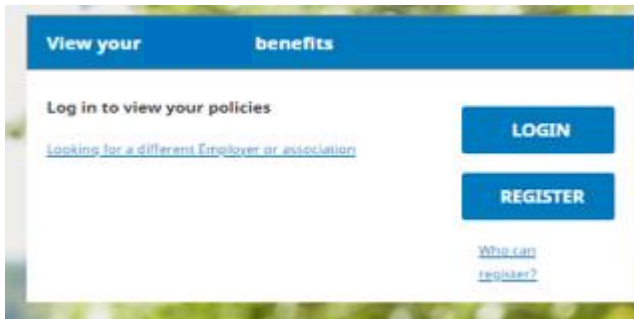
To register, click the blue register button and complete the requested information.

A screenshot of the MetLife registration form. The MetLife logo is in the top left corner. In the top right corner, there is a link that says "Already Registered? LOGIN". The main heading is "Register to view your MetLife policies online". Below this, there is a note: "All fields required unless otherwise noted." The form is divided into three sections: "Personal Information" (with a person icon), "Identity Verification" (with a lock icon), and "Username & Password" (with a person icon). The "Personal Information" section includes fields for "First Name", "Last Name", "Email", "Phone Type" (a dropdown menu), "Date of Birth" (with a date format "mm/dd/yyyy"), and "Zip Code". The "Identity Verification" section includes a "State of Residence" dropdown menu. The "Username & Password" section includes a "Social Security Number" field with a format "XXX-XX-XXXX" and a "NEXT" button at the bottom. On the left side, there is a blue vertical bar with the text "Tell us your Personal Information to get started". On the right side, there is a blue vertical bar with the text "Feedback".

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.

Log in to Your Account

Enter your username and password.

All fields are required.

Username

Password

[Forgot Username](#) | [Forgot Password](#)

LOG IN

I want to update my Phone/Email

Unable to Log in [?](#) [Register your account](#)

We have enhanced our security. If you have not logged in since July of 2019 and are unable to log in with your current Username and Password, you will need to update your registration by clicking the "Register your account" link above.

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.

For your security

Enter the code that was sent to

xxx-xxx-?

Please enter your code below.

Verification Code

Code is valid for **14:54** minutes.

SUBMIT

Remember this device

[Resend Validation Code](#) | [Contact Support](#)

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:

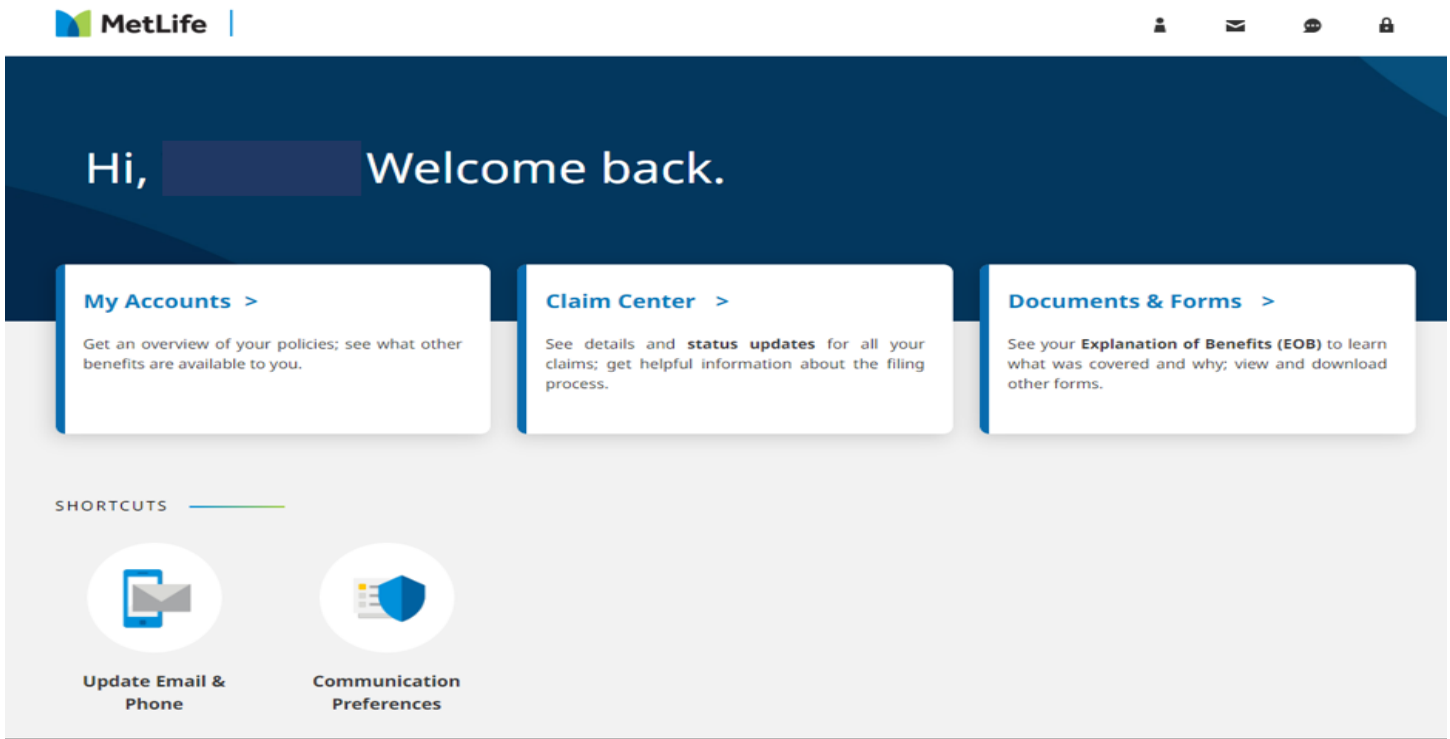
- My Accounts
- Claim Center - a user has access to claim information for all current products.
- Document and Forms – documents shared with the user will be available here.

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

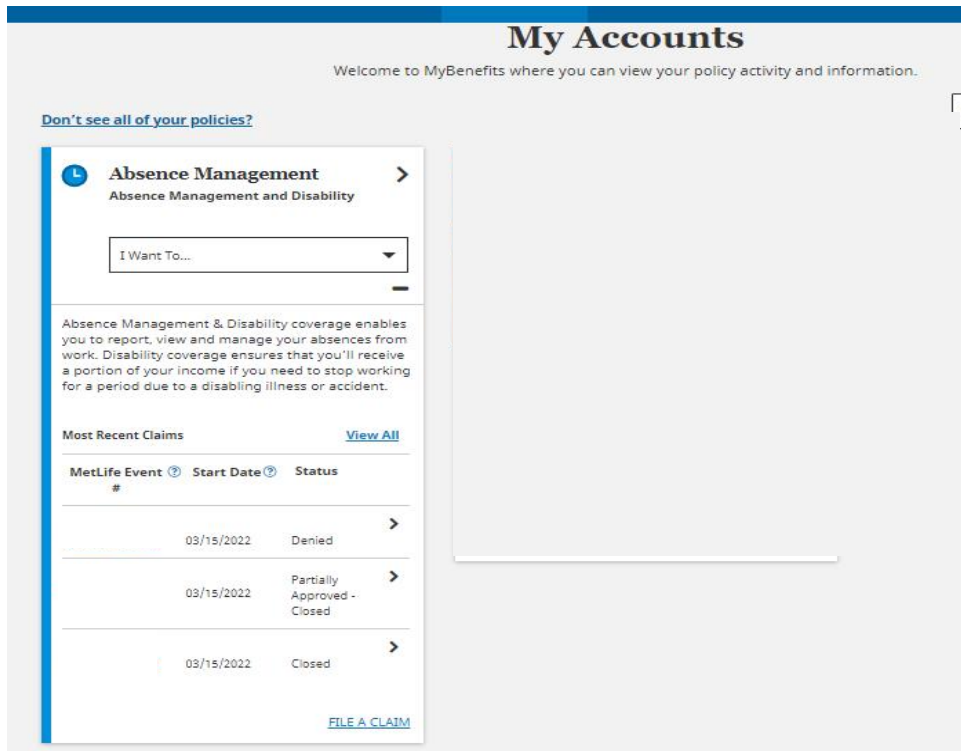
In the top section of the page, the icons will link the user to additional resources such as:

- 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.



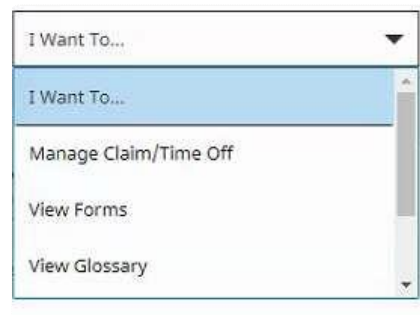
In the Absence Management and Disability card, the user will see a quick view of their most recent disability claims and absences, which includes their MetLife Event Number (MLE #), the claim number (once created), start date and the claim/absence status.

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.

What type of claim do you want to file?

Only file a COVID claim if you're the one who's sick. If you're taking time off to care for a family member, or if your claim isn't COVID-19 related, click "Other Claim."

Other Claim COVID-19

NEXT >

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.

MY ACCOUNTS CLAIM CENTER DOCUMENTS & FORMS

Manage Claims

Start to file a claim

Absence Management
Absence Management and Disability

As you go through the questions, you'll notice some labeled "Preferred." These questions are optional, but answering them can help expedite the claim review.

Here's the information we'll need to get the claim submitted:

- About**
Personal and contact information
- About the Absence**
Absence dates, reason and doctor's contact information (depending on the type of absence)
- About the job**
Employer and supervisor information
- Other Information**
Depending on the type of absence, we may need to gather additional information such as job duties and return to work plans. If you have any questions about the claim process, please contact us once the claim has been submitted. Just follow the telephone prompts for inquiries about an existing claim and we'll be happy to help.

Cancel **START**

Get help with your claim

Questions? Contact us:
1-833-622-0138
Monday - Friday, 08:00 AM to 11:00 PM EST

Technical Support Number: 1-866-363-8669
Monday - Friday 08:00 AM - 11:00 PM EST

About Preferred Questions

Although preferred questions are optional, answering them can help expedite your claim and payment.

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LD420038474[exp0222][All States][DC, GU, MP, PR, VI]

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.

The screenshot shows the 'Manage Claims' header with the sub-header 'Absence and Disability'. A progress indicator shows '1 Intake Type' is the current step. Below the header, a note states 'All fields marked with an asterisk * are mandatory.'. The question 'What would you like to do?*' is followed by a dropdown menu with three options: 'Please select', 'File a new claim', and 'Update an existing intermittent claim'.

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

The screenshot shows the 'Manage Claims' header with the sub-header 'Absence and Disability'. A progress indicator shows '2 Type of Leave' is the current step. Below the header, a note states 'All fields marked with an asterisk * are mandatory.'. The question 'What is the type of leave?' has two radio button options: 'Unable to work due to sickness, accident, injury or pregnancy' and 'Reduced schedule or child bonding, care of a family member, military leaves, PFL, ADA accommodation request, company leave or other type of leave'. The question 'What is the reason for this absence?*' is followed by six selectable cards: 'Child Bonding', 'Care of Family Member', 'Care of Service Member', 'Own Serious Health Condition (reduced schedule)', 'Qualifying Exigency Leave', and 'Other (Ex: Jury Duty, Bereavement, PFL, etc.)'. Below the cards, a text box is provided for the 'Other' category. At the bottom, there are 'Cancel' and 'NEXT' buttons.

Step 3: The next steps allow the claimant to provide specific details about the Employee Information.

Manage Claims

Start to file a claim

Absence
Absence and Disability

✓ Intake Type

✓ Type of Leave

3 Employee Information

All fields marked with an asterisk * are mandatory.

Mobile Phone Number

Phone Number
1122223333

Email Address

Email Address

[Cancel](#) **NEXT**

4 Job Information

Step 4: The next steps allow the claimant to provide job information specific details.

Manage Claims

Start to file a claim

Absence
Absence and Disability

✓ Intake Type

✓ Type of Leave

✓ Employee Information

4 Job Information

All fields marked with an asterisk * are mandatory.

Job Title

List the job title.

Job Duties

Describe the job duties.

Highest Level of Education

Describe the highest level of education completed (i.e., high

[Cancel](#) **NEXT**

5 Absence Details

Step 5: The next step allows the user to provide Absence specific details.

Manage Claims

Start to file a claim

Absence
Absence and Disability

- ✓ [Intake Type](#)
- ✓ [Type of Leave](#)
- ✓ [Employee Information](#)
- ✓ [Job Information](#)
- 5** [Absence Details](#)

All fields marked with an asterisk * are mandatory.

How will this absence be taken?

Absence Schedule

Please describe the intermittent or reduced schedule needed.

Intermittent leave is taken in separate periods of time, such as

Complete the section below:

When was the last date worked?*

MM/DD/YYYY

When will the absence start?*

MM/DD/YYYY

Will the absence start date be a full day out?*

Yes

No

If not, how many hours will be taken on the absence start date?

List the number of hours taken on the absence start date (i.e., 3)

When will the absence end?*

If unknown, please select an estimated end date.

Are the start and end dates entered actual or estimated?*

Actual

Estimated

Will the absence end date be a full day out?*

Yes

No

If not, how many hours will be taken on the absence end date?

List the number of hours taken on the absence end date (i.e. 3 hours)

When is the return to work date?

MM/DD/YYYY

[Cancel](#)

Step 6: The next step allows the user to provide specific details about the Work Schedule.

✓ Absence Details

6 Work Schedule

All fields marked with an asterisk * are mandatory.

Type of Work Schedule

Type of Work Schedule

Does this job follow a standard work week (i.e., Monday - Friday, 8 hours per day)?

Yes

No

If not, please describe the work schedule.

List the days and hours worked per week.

Cancel NEXT

7 Reporting Details

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

✓ Absence Details

✓ Work Schedule

7 Reporting Details

All fields marked with an asterisk * are mandatory.

Was the employer notified in advance of this request?

Yes

No

Notification Date

MM/DD/YYYY

Notification Method

Notification Method

Cancel NEXT

8 Disability Details

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

The screenshot shows a web form with a progress indicator on the left. The current step is '8 Disability Details', which is highlighted with a blue circle. Above it, 'Reporting Details' is marked with a checkmark and a green circle. Below 'Disability Details', there is a progress bar with a blue circle at the start and a grey circle at the end. The form content includes:

- A note: "All fields marked with an asterisk * are mandatory."
- A section titled "Disability Start Date" with a text input field containing "10/19/2020" and a calendar icon with the number "15".
- A question "Is your disability work related?" with radio buttons for "Yes" and "No", where "No" is selected.
- A question "Was it caused by an accident?" with radio buttons for "Yes" and "No", where "No" is selected.
- A question "Was it an automobile accident?" with radio buttons for "Yes" and "No", where "No" is selected.
- A section titled "Date of Accident" with a text input field containing "MM/DD/YYYY" and a calendar icon with the number "15".
- A section titled "Time of Accident" with a dropdown menu showing "Accident - Time of Day".
- A question "How many dependents do you have?" with a text input field containing the instruction "List the number of dependents (i.e., spouse, children, etc.)."
- At the bottom left, there is a "Cancel" link and a blue "NEXT" button.
- At the bottom of the form, there is a section titled "9 Medical Information" which is currently inactive.

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

9 Medical Information



All fields marked with an asterisk * are mandatory.

Doctor's Contact Information

Name

Address

Please enter your physician work address.

Phone Number

Please enter your physician 10-digit phone number.

Fax Number

Please provide the contact information for any other treating doctors.

Contact information can include names and phones numbers.

[Cancel](#)

[NEXT](#)

9 Medical Information



All fields marked with an asterisk * are mandatory.

Medical Condition(s)

List the name of the medical condition impacting the ability

First date of treatment for Primary Disabling Condition

MM/DD/YYYY

First date of treatment following date last worked for Primary Disabling Condition

MM/DD/YYYY

Is this related to a broken bone or fracture?

- Yes
 No

Did or will this absence include a hospital stay?

- Yes
 No

Admission Date

MM/DD/YYYY

Discharge Date

MM/DD/YYYY

Did or will this absence include a surgical procedure?

- Yes
 No

Surgery Date

MM/DD/YYYY

What is the surgical procedure?

Describe the procedure.

Is this surgical procedure for elective or cosmetic reasons?

- Yes
 No

[Cancel](#)

[NEXT](#)

Medical Information

All fields marked with an asterisk * are mandatory.

Complete the section below if requesting maternity leave.

Are there any complications with this pregnancy?

Yes

No

If so, describe the complications.

Due Date

00 11

Delivery date

00 11

Type of Delivery

How many children does this request involve?

What is the reason for child bonding leave?

[Cancel](#) **NEXT**

Medical Information

All fields marked with an asterisk * are mandatory.

Complete the section below if requesting family member leave.

What is the relationship to the family member?

Family Member's Personal Information

Gender

Date of Birth

00 11

Full Name

Does the spouse work for the same employer?

Yes

No

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'.

10 Review and Submit

If your claim's detail are right, [sign at the bottom of the page](#) and submit. Or choose update to make changes.

Intake Type [Update](#) ✓

What would you like to do? File a new claim

Type of Leave [Update](#) ✓

What is the type of leave? Unable to work due to sickness, accident, injury or pregnancy

If you selected "Other" please list the reason.

Employee Information [Update](#) ✓

Mobile Phone Number 1122223333

Email Address

Job Information [Update](#) ✓

Job Title

Job Duties

Highest Level of Education

Absence Details [Update](#) ✓

How will this absence be taken?

Please describe the intermittent or reduced schedule needed.

When was the last date worked? 09/05/2023

When will the absence start? 09/06/2023

Will the absence start date be a full day out? Yes

If not, how many hours will be taken on the absence start date?

When will the absence end? 09/13/2023

Are the start and end dates entered actual or estimated? Estimated

Will the absence end date be a full day out? Yes

If not, how many hours will be taken on the absence end date?

When is the return to work date?

Work Schedule [Update](#) ✓

Type of Work Schedule

Does this job follow a standard work week (i.e., Monday - Friday, 8 hours per day)?

If not, please describe the work schedule.

Reporting Details [Update](#) ✓

Was the employer notified in advance of this request?

Notification Date

Notification Method

Disability Details [Update](#) ✓

Disability Start Date

Is your disability work related?

Was it caused by an accident?

Was it an automobile accident?

Date of Accident

Time of Accident

How many dependents do you have?

If any other sources of income are being received while disabled, please provide the sources, dates, and amounts.

Medical Information [Update](#) ✓

Name

Address

Phone Number

Fax Number

Please provide the contact information for any other treating doctors.

Medical Condition(s)

First date of treatment for Primary Disabling Condition

First date of treatment following date last worked for Primary Disabling Condition

Is this related to a broken bone or fracture?

Did or will this absence include a hospital stay?

Admission Date

Discharge Date

Did or will this absence include a surgical procedure?

Surgery Date

What is the surgical procedure?

Is this surgical procedure for elective or cosmetic reasons?

Are there any complications with this pregnancy?

If so, describe the complications.

Due Date

Delivery date

Type of Delivery

How many children does this request involve?

What is the reason for child bonding leave?

What is the relationship to the family member?

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.

You must check the box and reconfirm your password to submit your absence.

I have previously read and consented to the following:

[Consumer Electronic Consent Statement](#)

[Fraud Warning](#)

[Medical Authorization Form](#)

Checking this box authorizes your doctor to release health information we may need to complete your claim. If you leave it unchecked we'll try to contact you directly, but please be aware that your claim might be denied if we can't reach you.

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 benefits. I understand that by entering my name below and clicking the "Submit" button I am signing and submitting the claim form to Metropolitan Life Insurance Company. This is a legally binding electronic signature.

Password: Enter your DOB as YYYYMMDD:

[Cancel](#)

[SUBMIT CLAIM](#)

After successful submission of your Absence, you will receive a confirmation page:



Your claim is filed.

Your claim number is MLE- . Be sure to keep it for your records.

HERE'S WHAT HAPPENS NEXT

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.

Ensure that your employer is aware of your need for leave as MetLife may need to reach out to your employer for approval of the leave.

Sign up for email updates

Sign up for emails notifications to alert you when there are claim changes available for you to view online.

Done

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

What type of claim do you want to file?

Only file a COVID claim if you're the one who's sick. If you're taking time off to care for a family member, or if your claim isn't COVID-19 related, click "Other Claim."

Other Claim COVID-19

NEXT >

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.

MY ACCOUNTS CLAIM CENTER DOCUMENTS & FORMS

Manage Claims

Start to file a claim

Absence Management
Absence Management and Disability

As you go through the questions, you'll notice some labeled "Preferred." These questions are optional, but answering them can help expedite the claim review.

Here's the information we'll need to get the claim submitted:

- About**
Personal and contact information
- About the Absence**
Absence dates, reason and doctor's contact information (depending on the type of absence)
- About the job**
Employer and supervisor information
- Other Information**
Depending on the type of absence, we may need to gather additional information such as job duties and return to work plans. If you have any questions about the claim process, please contact us once the claim has been submitted. Just follow the telephone prompts for inquiries about an existing claim and we'll be happy to help.

Cancel START

Get help with your claim

Questions? Contact us:
1-833-622-0138
Monday - Friday, 08:00 AM to 11:00 PM EST

Technical Support Number: 1-866-363-6669
Monday - Friday 08:00 AM - 11:00 PM EST

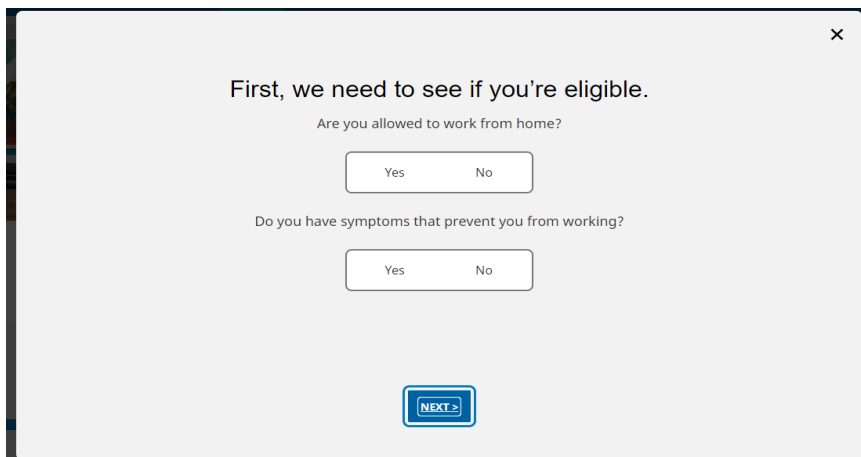
About Preferred Questions

Although preferred questions are optional, answering them can help expedite your claim and payment.

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L0420003474[exp0222][All States][DC, GU, MP, PR, VI]

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.



First, we need to see if you're eligible.

Are you allowed to work from home?

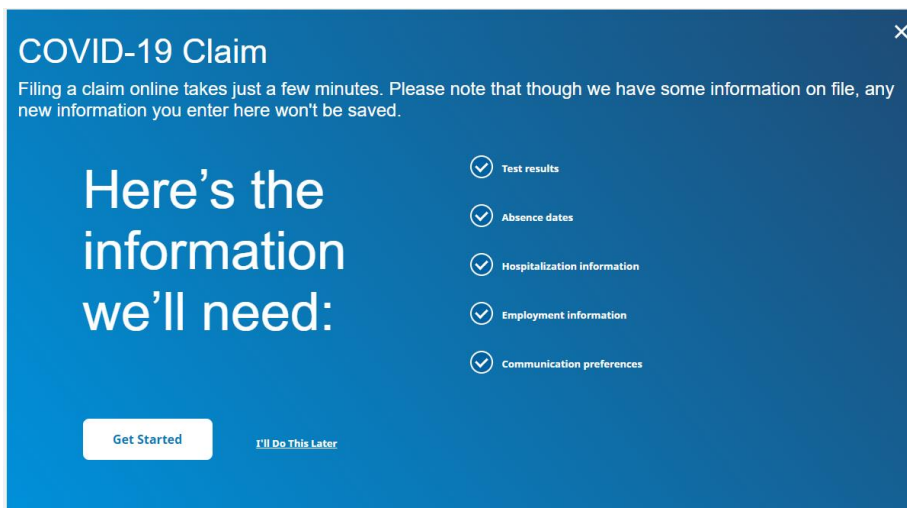
Yes No

Do you have symptoms that prevent you from working?

Yes No

NEXT >

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.



COVID-19 Claim

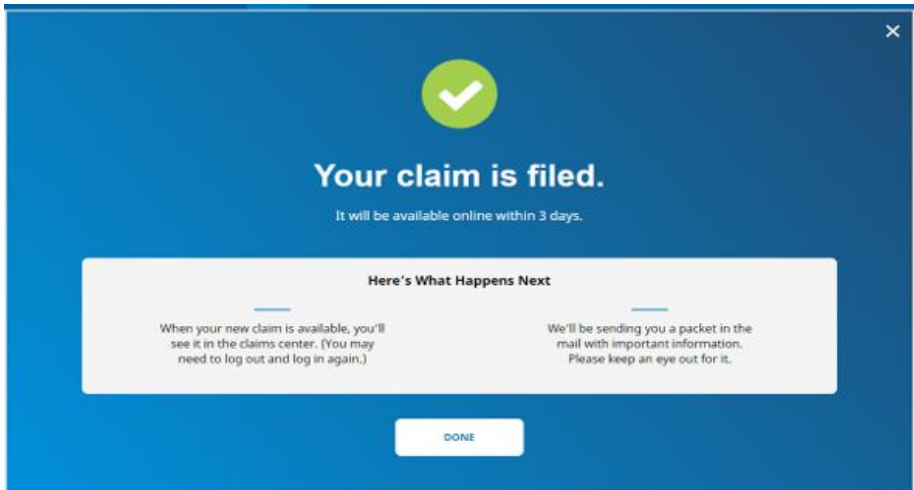
Filing a claim online takes just a few minutes. Please note that though we have some information on file, any new information you enter here won't be saved.

Here's the information we'll need:

- ✓ Test results
- ✓ Absence dates
- ✓ Hospitalization information
- ✓ Employment information
- ✓ Communication preferences

Get Started I'll Do This Later

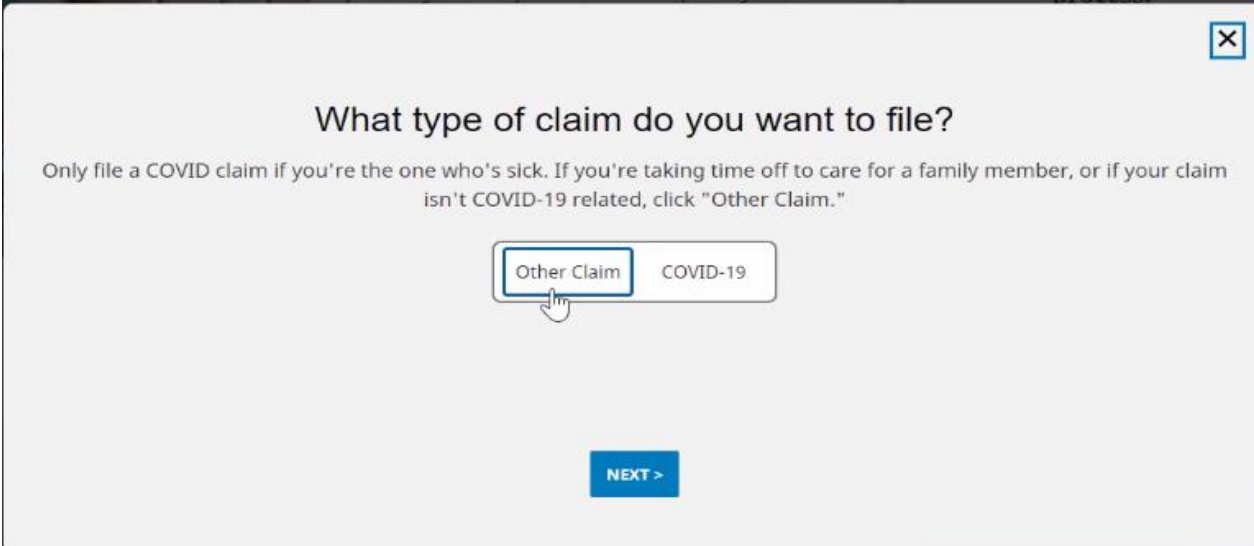
After successful submission of your Absence, you will receive a confirmation page:



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.



✕

What type of claim do you want to file?

Only file a COVID claim if you're the one who's sick. If you're taking time off to care for a family member, or if your claim isn't COVID-19 related, click "Other Claim."

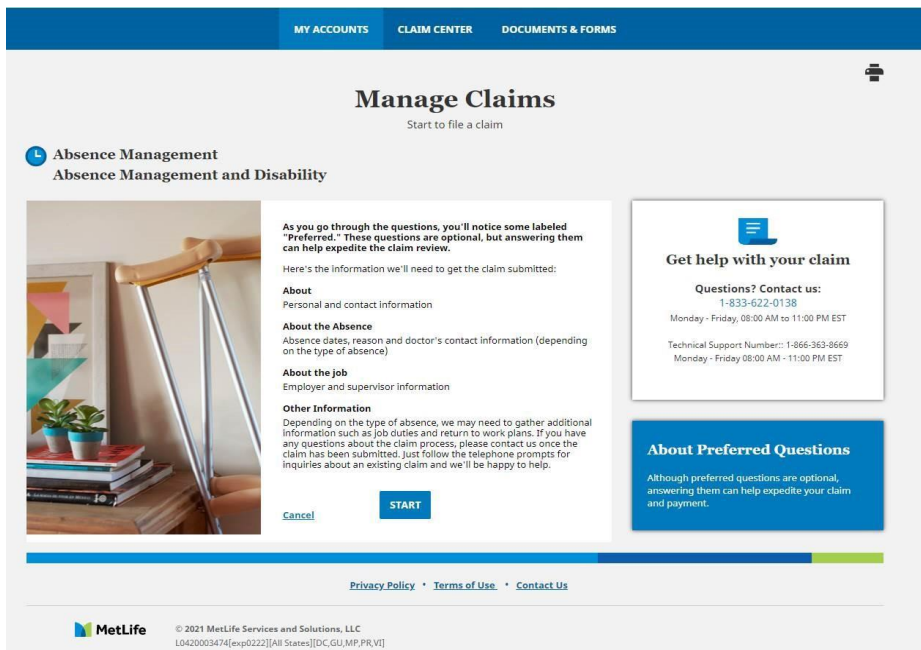
Other Claim

COVID-19

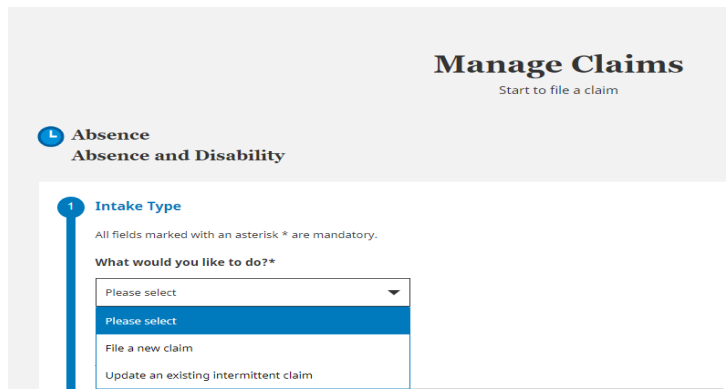
NEXT >

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.

Absence Absence and Disability

✓ [Intake Type](#)

2 Select Absence

All fields marked with an asterisk * are mandatory.

Which Intermittent Period would you like to report on?

Please select one of the options below.

Select	MLE # / Absence #	Absence Type	Absence Reason	Start Date / End Date	Status
<input type="radio"/>	MLE-129596	Child Bonding	Adoption		Approved -
<input type="radio"/>	MLE-129593	Child Bonding	Adoption		Approved -

[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 Past 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.

3 Add Absence Periods

Step 3: The user will be asked for additional details regarding the absence period including hours worked. Click Next.

Absence
Absence and Disability

✓ Intake Type

✓ Select Absence

3 Add Absence Periods

All fields marked with an asterisk * are mandatory.

Intermittent Period Details Display

MetLife Event #: MLE-
Absence Number
Start Date:
End Date:
Status: Approved
Type: Child Bonding
Reason: Adoption

Absence Details

MM DD

Full Day

Partial Day

[+ Add another absence date](#)

[Cancel](#) **NEXT**

4 Review and Submit

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.

4 Review and Submit

If your claim's detail are right, [sign at the bottom of the page](#) and submit. Or choose update to make changes.

Intake Type [Update](#) ✎

What would you like to do? Update an existing intermittent claim

Select Absence [Update](#) ✎

MetLife Event #	MLE-1
Absence Number	
Type	Child Bonding
Reason	Adoption
Start Date	
End Date	
Status	Approved

Add Absence Periods [Update](#) ✎

Absence 1

Date of Absence	
Duration	Full Day

You must check the box and reconfirm your password to submit your absence.

I have previously read and consented to the following:

[Consumer Electronic Consent Statement](#)

[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 benefits. I understand that by entering my name below and clicking the "Submit" button I am signing and submitting the claim form to Metropolitan Life Insurance Company. This is a legally binding electronic signature.

Employee Id

[Cancel](#) **SUBMIT CLAIM**

After successful submission of your Absence, you will receive a confirmation page:

The screenshot shows the MetLife 'Manage Claims' page. At the top, the MetLife logo is on the left, and 'Welcome DENESEVICH' is on the right, followed by icons for user profile, email, chat, and lock. A blue navigation bar contains 'MY ACCOUNTS', 'CLAIM CENTER', and 'DOCUMENTS & FORMS'. The main heading is 'Manage Claims' with the subtext 'Start to file a claim'. Below this is a section for 'Absence Management' and 'Absence Management and Disability'. A green success message states: 'Success! The claim was submitted on 10/16/2020'. Below this, a message says: 'Thank you for submitting your absence request. Please notify your employer of you absence if you have not already done so.' It lists 'Absence Number:' and states: 'Your absence will be reviewed as part of your intermittent leave claim. We will review the information you submitted and notify you of the decision within the next 5 business days'. To the right, a 'Get help with your claim' section provides contact information: 'Questions? Contact us:', 'Monday - Friday, 08:00 AM to 11:00 PM EST', and 'Technical Support Number:: 1-866-363-8669 Monday - Friday 08:00 AM - 11:00 PM EST'. At the bottom, there are links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', and a footer with the MetLife logo and copyright information: 'UAT © 2020 MetLife Services and Solutions, LLC L0520003555[exp0322][All States][DC, GU, MP, PR, VI]'.

Overview 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 # 1100000XXXXXX 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.

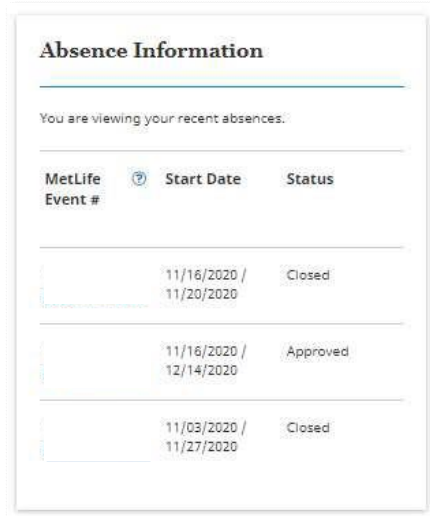
The screenshot displays the MetLife Absence Management Overview page. At the top, the MetLife logo is on the left, and the user is logged in as 'BOITA'. The navigation bar includes 'MY ACCOUNTS', 'CLAIM CENTER', and 'DOCUMENTS & FORMS'. The breadcrumb trail shows 'My Accounts / Absence Management Products'. The main heading is 'Absence Management' with a sub-heading 'Absence Management and Disability'. Below this are tabs for 'Overview' (selected), 'List View', and 'FAQ'. The page is divided into several sections:

- Disability Claims:** A section for 'Short Term Disability' showing a 'MetLife Event #' (with a help icon), 'Disability Date: 11/03/2020', and 'Claim Status: Pending'. A 'View All Claims' link is at the bottom.
- Absence Information:** A table titled 'You are viewing your recent absences.' with columns for 'MetLife Event #', 'Start Date', and 'Status'. The table contains three rows of data:

MetLife Event #	Start Date	Status
	11/16/2020 / 11/20/2020	Closed
	11/16/2020 / 12/14/2020	Approved
	11/03/2020 / 11/27/2020	Closed
- Time Remaining / Balance:** A section for 'Fed FMLA' with an 'Entitlement Period' of 01/01/2020 - 12/31/2020. It features a donut chart and 'Total Time 12 . Weeks'. Below the chart, 'Time Balance' is shown: 'Time Taken 4.402 Weeks' and 'Time Available 7.598 Weeks'. There are also links for 'NJ Right to Leave Work' and 'Fed USERRA'.
- Absence Management:** A section with a description: 'Absence management insurance replaces a portion of your income during an extended period of a disabling illness or accident.' and a 'LEARN MORE' button.
- Employee Information:** A section with a 'DETAILS' link and an icon.

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.



The screenshot shows a card titled "Absence Information" with a subtitle "You are viewing your recent absences:". Below this is a table with three columns: "MetLife Event #", "Start Date", and "Status". There are three rows of data in the table.

MetLife Event #	Start Date	Status
	11/16/2020 / 11/20/2020	Closed
	11/16/2020 / 12/14/2020	Approved
	11/03/2020 / 11/27/2020	Closed

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.



The screenshot shows a card titled "Disability Claims" with a sub-section "Short Term Disability". It displays the following information:

MetLife Event #	
Disability Date:	11/03/2020
Claim Status:	Pending

At the bottom right of the card, there is a link labeled "View All Claims".

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

The screenshot displays the 'Absence Management' interface. At the top, there are navigation tabs for 'Overview', 'List View' (which is selected), and 'FAQ'. Below the tabs, there is a section for filtering and actions, including 'Expand All', 'Download', and a 'Filter Page View_AD' dropdown. The main content area shows a table of absence events with columns for 'MetLife Event', 'Start Date', 'End Date', 'RTW Date', 'Type', and 'Status'. The first row is expanded to show a detailed view of an event. This view includes a timeline with three stages: 'Submitted' (with a checkmark), 'Absence Status Approved' (with a checkmark), and 'Closed'. Below the timeline, there are two sections: 'Absence Management Details' and 'Certification Information'. The 'Absence Management Details' section includes 'Absence Start Date: 09/29/2020', 'Absence Frequency: Continuous', 'Absence Programs: Fed FMLA, NJ TDI - PSO - Test', and 'TAM Absence Reason Description: Other'. The 'Certification Information' section includes 'Episode Frequency: 0 per 0'. A blue 'VIEW DETAILS' button is located at the bottom right of the detailed view. Below the detailed view, there are three more rows in the table, each with a plus sign to its right, indicating they can be expanded.

MetLife Event	Start Date	End Date	RTW Date	Type	Status
MLE-	09/29/20	10/23/2020		TAM	Approved
MLE-	09/15/2020	09/25/2020	09/28/2020	TAM	Pending
MLE-	09/02/2020	09/29/2020	09/30/2020	TAM	Pending
MLE-	09/02/2020			STD	Denied


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.

MetLife Event # MLE- Reference

Request submitted on 09/27/2022

 Disability & Absence Solutions

Data As Of: 10/11/2022 12:38 AM




Employee ID: '
Expected Return To Work Date: 11/30/2022

Contact Phone:
Associated Claim(s):

Leave Tracking

Reference Number	Absence Frequency	Absence Reason	Absence Event	Leave Request Start Date	Leave Request End Date	Leave Request Status	Leave Request Status Reason
	Continuous	Serious Health Condition - Employee	Not Work Related	09/02/2022	09/30/2022	Approved	
Leave Program		Program Status		Program Status Reason		Decision Days	
Federal FMLA		Accepted				View Program Details	
Paid Leave		Accepted		Mixed Decision		View Program Details View Leave Request Details	
Activity							

Wage Protection

Reference Number	Program	Received Date	Benefit Start Date 	Approved Through Date 	Status
1	STD	09/27/2022	09/14/2022	12/31/2150	Approved 
Payment Information					
Most Recent Payment					
Payment Date: 10/01/2022		Payment From: 09/14/2022		Payment Through: 10/22/2022	
Payable To:		Funds Available: 10/01/2022		Payment Method: Check	
Payment Amount: \$857.16					
View Payment History		Details		Appeal Informal	
Activity					

MetLife Event # MLE- Reference

- Request submitted on 09/27/2022



Disability & Absence Solutions

Data As Of: 10/11/2022 12:36 AM

Employee ID:

Contact Phone:

Expected Return To Work Date: 11/30/2022

Associated Claim(s):

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

Leave Tracking

Reference Number	Absence Frequency	Absence Reason	Absence Event	Leave Request Start Date	Leave Request End Date	Leave Request Status	Leave Request Status Reason
	Continuous	Serious Health Condition - Employee	Not Work Related	09/02/2022	09/30/2022	Approved	—
Leave Program		Program Status		Program Status Reason		Decision Days	
Federal FMLA		Accepted				View Program Details	
Paid Leave		Accepted		Mixed Decision		View Program Details	
						View Leave Request Details	
Activity							

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.

Leave Tracking						
Absence Frequency	Absence Reason	Absence Event	Leave Request Start Date	Leave Request End Date	Leave Request Status	Leave Request Status Reason
Continuous	Child Bonding	Newborn	03/18/2022	04/19/2022	Approved	
Leave Program		Program Status		Program Status Reason		Decision Days
NY Paid Family Leave		Accepted				View Program Details
Paid Parental Leave		Rejected		Contact Case Manager for Additional Details		
Company Fed FML		Rejected		Contact Case Manager for Additional Details		
Federal FMLA		Rejected		Evidence Not Received		
Current Certification						
From 03/18/2022 to 04/19/2022						

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 X

Employee
Absence Reason: Child Bonding
Leave Request Start Date: 03/18/2022
Program: NY Paid Family Leave

Absence #:
Absence Event: Newborn
Leave Request End Date: 04/19/2022

Time Requested	Time Deducted	Leave Request Date	Decision	Reason
8 Hours	1 Days	03/18/2022	Approved	Leave Request Approved
8 Hours	1 Days	03/18/2022	Approved	Leave Request Approved
8 Hours	1 Days	03/21/2022	Approved	Leave Request Approved
8 Hours	1 Days	03/21/2022	Approved	Leave Request Approved
8 Hours	1 Days	03/22/2022	Approved	Leave Request Approved
8 Hours	1 Days	03/22/2022	Approved	Leave Request Approved
8 Hours	1 Days	03/23/2022	Approved	Leave Request Approved
8 Hours	1 Days	03/23/2022	Approved	Leave Request Approved
8 Hours	1 Days	03/24/2022	Approved	Leave Request Approved
8 Hours	1 Days	03/24/2022	Approved	Leave Request Approved

Total Records: 42

1
2
3
4
5

Show 10 results per page ▼

Leave Request Decision Days X

Employee
Absence Reason: Child Bonding
Leave Request Start Date: 03/18/2022

Absence #:
Absence Event: Newborn
Leave Request End Date: 04/19/2022

Program	Time Requested	Time Deducted	Leave Request Date	Decision	Reason
NY Paid Family Leave	8 Hours	1 Days	03/18/2022	Approved	Leave Request Approved
NY Paid Family Leave	8 Hours	1 Days	03/18/2022	Approved	Leave Request Approved
NY Paid Family Leave	8 Hours	1 Days	03/21/2022	Approved	Leave Request Approved
NY Paid Family Leave	8 Hours	1 Days	03/21/2022	Approved	Leave Request Approved
NY Paid Family Leave	8 Hours	1 Days	03/22/2022	Approved	Leave Request Approved
NY Paid Family Leave	8 Hours	1 Days	03/22/2022	Approved	Leave Request Approved
NY Paid Family Leave	8 Hours	1 Days	03/23/2022	Approved	Leave Request Approved
NY Paid Family Leave	8 Hours	1 Days	03/23/2022	Approved	Leave Request Approved
NY Paid Family Leave	8 Hours	1 Days	03/24/2022	Approved	Leave Request Approved
NY Paid Family Leave	8 Hours	1 Days	03/24/2022	Approved	Leave Request Approved

Total Records : 42

1
2
3
4
5

Show 10 results per page ▼

DOWNLOAD

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 '**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 X		
MLE :	Emp #:	Reference Number:
MLE: MLE:		
Date Recorded	Claim Activity	Description
09/28/2022 12:08 PM	New Certification	Updated Certification Received
09/07/2022 01:30 PM	New Absence Submitted	

Total Records: 2 Show 10 results per page ▼

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

Reference Number	Program	Received Date	Benefit Start Date	Approved Through Date	Status
	STD	09/27/2022	09/14/2022	12/31/2150	Approved

Payment Information

Most Recent Payment

Payment Date: 10/01/2022	Payment From: 09/14/2022	Payment Through: 10/22/2022
Payable To:	Funds Available: 10/01/2022	Payment Method: Check
Payment Amount: \$857.16		

[View Payment History](#) [Details](#) [Appeal Information](#)
[Activity](#)

Paid Leave	09/27/2022	09/07/2022
------------	------------	------------

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

Payment Information		
Most Recent Payment		
Payment Date: 10/01/2022	Payment From: 09/14/2022	Payment Through: 10/22/2022
Payable To:	Funds Available: 10/01/2022	Payment Method: Check
Payment Amount: \$857.16		
<hr/>		
View Payment History	Details	Appeal Information
Activity		

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.

Paid Leave Program: NY Paid Family Leave					
Employee: 1		Reference Number			
Benefit Start Date: 09/13/2022		Approved Through Date: 09/29/2022			
Payment Date	Pay From	Pay Through	Payable To	Payment Method	Payment Amount
09/19/2022	09/12/2022	09/18/2022		Check	\$998.31
Total Records: 1					Show 10 results per page

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.

Details X

If any information within the Benefit Details requires an update, please either contact MetLife or make a submission via the Add Comment / Document feature

Program: LTD

Reference Number:

Date of Disability: 03/15/2022

Received Date: 03/16/2022

Last Date of Work: 03/08/2022

Transition Date: 09/05/2024

Description of Illness:

Benefit Start Date (Approved From): 09/05/2022

Benefit End Date (Approved Through): 09/23/2022

Maximum Benefit Duration Date: 09/21/2026

Work Related: No

Workers Comp Filed: No

Case Manager Name:

CLOSE

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 X		
Employee:	Emp #:	Reference Number:
MLE :		
Date Recorded	Claim Activity	Description
09/13/2022 09:55 AM	Claim Received	
09/13/2022 09:51 AM	DateLastWorked	Updated to 01-SEP-22
09/13/2022 09:51 AM	Accident Date	Updated to 02-SEP-22

Total Records: 3 Show 10 results per page ▼

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

Accommodations					
Reference Number	Request Date	ADA Specialist			
	11/22/2022	Ralph Rusher			
Category	Type	Start Date	End Date	Accommodated	
Other Accommodation	Other				

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

✕

Add a Comment or Document

All fields are required unless noted.

What is your comment about?

Your Question or Comment:

Use this section to briefly document any other relevant information to process this claim. Comments entered will become a permanent part of the claim record. We'll send you a confirmation email, but for security reasons it will not include the actual text of your submission. You may want to print a copy of your comments for your records before clicking Submit.

Add a Document (Optional):

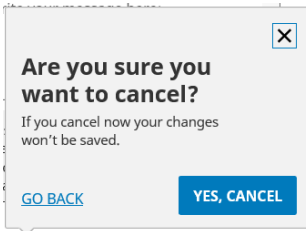
[Browse to add a file.](#)

or

Browse to add a file or drag and drop a file from your computer.

Drag and drop a file from your computer

Cancel
SUBMIT



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

Country
City
State
Zip

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

Add/update Bank Account

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

Below are your direct deposit details:

Bank Name:
Routing Number:
Account Number:

[Cancel](#)

NEXT

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.