

# MetLink

# Customer User Guide



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## 1.0 ABOUT LIFE CLAIMS

### 1.1 Life Claim Submissions (Claim Intake)

- a. Life Claims Submission is a feature that allows benefit administrators, and Human Resource Outsourcer (HRO) to submit Group Life claims online in a secured environment. There are three types of claims that can be submitted online for employees and dependents:
  - Life
  - Accelerated Benefits Option (ABO)
  - Accidental Death and Dismemberment
- b. Features:
  - Save/Restore/Delete – You can draft a claim, save it and return it to this online claim at a later time. You can also delete the saved draft, if necessary.
  - Upload – Ability to upload supporting enrollment and beneficiary data
  - Claim Submission – Electronic submission to the MetLife claim system. A confirmation/claim number is provided for future searches and tracking.
  - Claim Search (Claim Inquiry) – (additional access required) Once a claim is submitted and processed, you may return to MetLink and view the claim details and status
  - Reporting – (additional access required) Ability to run reports
- c. If an Accelerated Benefits Option (ABO) claim or Dismemberment claim (living benefit) was previously submitted, a death claim can also be submitted via MetLink containing the death benefit information. Subsequent claim details submitted under the same Social Security number will receive the same claim number if the previous submission is still in progress.

**Note:** Upon claim submission, the MetLink Life Claims site interfaces with MetLife's Benefits Administration Operating Solution (BIOS) application through a web service. Claim data is copied to the BIOS system, which is a key tool used by the MetLife Group Life Claims Department. The claim is viewed and accessed through BIOS by the Group Life Claims Department to complete the claim process.

## 1.2 Life Claims Search (Claim Inquiry)

- a. Life Claims Search is a feature that allows benefits administrators, Human Resource Outsourcer (HRO) and Third Party Administrators (TPAs) to search for and view Claim Status details online in a secured environment.
- b. All three types of claims for Employees and Dependents (Life, Accelerated Benefits Option [ABO], and Accidental Death and Dismemberment), regardless of how they were originally submitted (i.e., via paper, fax or online), can be searched for using the following Claim Search feature parameters:
  - Employee SSN (9 digits, no special characters)
  - Claim # (11 digits, no special characters)
  - Employee ID (9 digits, no special characters)
  - Employee Last Name (2 to 25 characters, no special characters)\*

**\*Note:** Employee Last Name claim searches are limited to all Open claims and only Closed claims that have been closed within the past year of the current date. All other claim search parameters (Employee SSN, Claim # and Employee ID) return all Open and all Closed claims, regardless of when they were opened or closed. As such, when searching for existing claims, it is recommended that Employee SSN, Claim # and Employee ID search parameters are used before using the Last Name search parameter.

- c. Supporting documentation (such as Enrollment and Beneficiary Designation documents) can be uploaded for all types of claims:
  - **Life:** supporting documentation can be uploaded via the confirmation screen or by searching for the claim and uploading via the Claims Details screen;
  - **ABO and Dismemberment:** supporting documentation can only be uploaded by searching for the claim and uploading via the Claims Details screen.

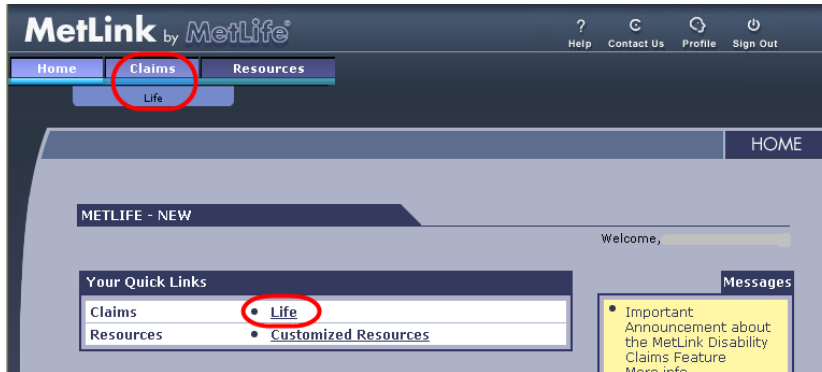
## 2.0 GETTING STARTED

2.1 To sign in to MetLink:

- Visit <https://portal.metlink.com/MetLinkPortal/>
- Enter your Username and Password and click the 'sign in' button.

2.2 After signing in, the MetLink Life Claims feature can be accessed in two ways:

- Click on the Life link in the Your Quick Links section
- Click on the Claims tab, then Life in the Navigation bar at the top of the page

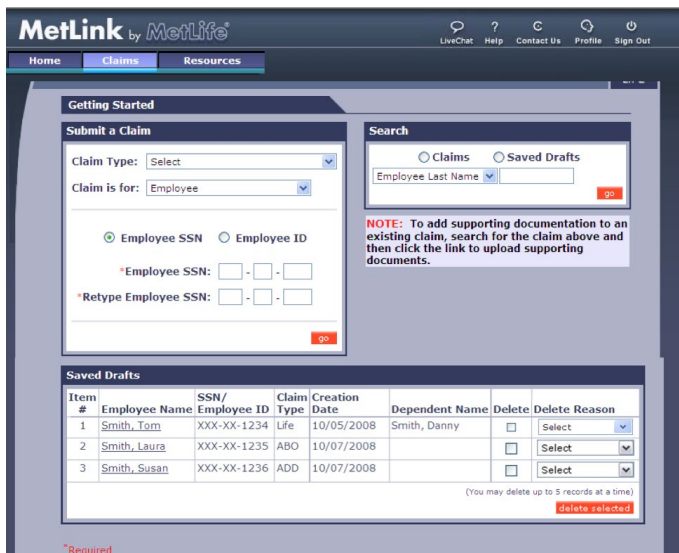


### Note:

- The Getting Started Page for Employers will automatically display your company name in the upper right corner of the page.
- The Getting Started Page for Human Resource Outsource (HRO) and Third Party Administrator users will present with a "Your Customers" drop down menu for the user to first select a customer group for which the claim is being submitted.

2.2 The Getting Started page is the first page of the Life Claims feature on MetLink. This page allows you to . . .

- Submit a Claim (Claim Intake)
- Search for Claims and obtain Claim Status (Claim Inquiry)
- View all current 'Saved Drafts' (if any) via the Saved Drafts 'dashboard'
- Search for and complete or modify incomplete claims that were previously saved as a 'Saved Draft'
- Delete Saved Drafts



### 3.0 SUBMITTING A (NEW) LIFE CLAIM (CLAIM INTAKE)

- 3.1 To start a new claim for an Employee or Dependent:
- Select a Claim Type from the drop down within the 'Submit a Claim' function box.
  - Select 'Employee' or 'Dependent' from the drop down menu within the 'Claim is for:' function box.
  - If the claim is for a Dependent, enter the Dependent's SSN (if available) in the field provided.
  - Choose either the Employee SSN or Employee ID radio button and enter the accurate value in the fields provided, then click the 'go' button.

The screenshot shows the 'Submit a Claim' form with the following fields and options:

- Claim Type:** Select (dropdown menu)
- Claim is for:** Employee (dropdown menu)
- Employee SSN:**  (radio button)
- Employee ID:**  (radio button)
- \* Employee SSN:** [ ] - [ ] - [ ] (text input)
- \* Retype Employee SSN:** [ ] - [ ] - [ ] (text input)
- go** (button)

The screenshot shows the 'Submit a Claim' form with the following fields and options:

- Claim Type:** Select (dropdown menu)
- Claim is for:** Dependent, no SSN available (dropdown menu)
- \* Dependent SSN:** [999] - [99] - [9999] (text input)
- \* Retype Dependent SSN:** [999] - [99] - [9999] (text input)
- Employee SSN:**  (radio button)
- Employee ID:**  (radio button)
- \* Employee SSN:** [ ] - [ ] - [ ] (text input)
- \* Retype Employee SSN:** [ ] - [ ] - [ ] (text input)
- go** (button)

**IMPORTANT:** Multiple claims per Social Security number can be submitted online via MetLink. If a claim has already been submitted and is still in progress, details related to other claim types will be recorded under the same claim number.

### 3.2 Participant Information Page

- On the “Participant Information” page, you are required to complete demographic information regarding the employee or dependent. Do not include any punctuation in the Employee Name (First, Middle, Last) or Employee Address fields. (i.e., O’Donnell, Smith-Jones, Jr. or St., Rd.)
- In a Dependent’s claim, Dependent’s information will display at the very top of the page followed by the Employee’s information. Please note that the employee’s information is still required for a dependent claim.
- For the question, “On what date was the employee last physically at work?”, please enter the date the employee was last at work (mm/dd/yyyy).

- The Employee Information Page will need to be completed and includes the employee’s employment and insurance information as well as where the employee worked.
- Under the Employer Information Division Section: the Division Name, the Contact Name and the Address are who receives the notice of the claim payment (if applicable) (i.e., Broker, TPA)

### 3.3 Coverage Information Page

- a. The next two pages are called the 'Coverage Information' pages. This is where you will provide information regarding the coverages that are being claimed.
- b. The coverages displayed are limited to the coverages your company offers.

**Life Claim**

1. Getting Started >> 2. Participant Information >> 3. Coverage Information >> 4. Informant/Beneficiary >> 5. Review/Edit >> 6. Submit Claim

**Select enrolled coverages that are being claimed**

Basic Life (Employee) (1)     Optional Life (Employee) (1)     Personal Accidental Death (Employee) (1)

Voluntary Accidental Death (Employee)

Did the employee elect an increase in coverage within the last 2 years?     Yes     No

[finish later](#)    [back](#)

**Coverage Information**

1. Getting Started >> 2. Participant Information >> 3. Coverage Information >> 4. Informant/Beneficiary >> 5. Review/Edit >> 6. Submit Claim

**Selected Coverages:**

Basic Life     Business Travel Accident  
 Optional Life     Optional Accidental Death and Dismemberment

[change your selection](#)

Please complete the following coverage sections.

**Basic Life**

Coverage Amount: \$ [ ]    Option Description: Flat Amount

Effective Date of Coverage for Amount Claimed: mm / dd / yyyy    Is the date coverage ended the same as date of loss?  Yes  No

Coverage Structure: [ ]    [Apply this structure to all coverages](#)

Select Report [ ]  
Select Sub Code [ ]  
Select Branch [ ]

**Optional Life**

Coverage Amount: \$ [ ]    Option Description: Flat Amount

Effective Date of Coverage for Amount Claimed: mm / dd / yyyy    Is the date coverage ended the same as date of loss?  Yes  No

Coverage End Date: mm / dd / yyyy

Coverage Structure: [ ]

Select Report [ ]  
Select Sub Code [ ]  
Select Branch [ ]

**Business Travel Accident**

Coverage Amount: \$ [ ]    Option Description: Flat Amount

Effective Date of Coverage for Amount Claimed: mm / dd / yyyy    Is the date coverage ended the same as date of loss?  Yes  No

Coverage End Date: mm / dd / yyyy

Coverage Structure: [ ]

Select Report [ ]  
Select Sub Code [ ]  
Select Branch [ ]

**Optional Accidental Death and Dismemberment**

Coverage Amount: \$ [ ]    Option Description: Flat Amount

Effective Date of Coverage for Amount Claimed: mm / dd / yyyy    Is the date coverage ended the same as date of loss?  Yes  No

Coverage End Date: mm / dd / yyyy

Coverage Structure: [ ]

Select Report [ ]  
Select Sub Code [ ]  
Select Branch [ ]

[finish later](#)    [delete](#)    [back](#)    [next](#)



- c. If the “Coverage Structure” is the same for all the coverages, click the “Apply this structure to all coverages” link after making the selections for the first coverage and the same structure will be populated for the rest of the coverages. It is important that the correct structure be selected as this is used for claim processing and financial reporting

The screenshot shows the 'Basic Life' form with the following fields:
 

- Coverage Amount: \$ [ ]
- Option Description: Flat Amount
- Effective Date of Coverage for Amount Claimed: mm / dd / yyyy
- Is the date coverage ended the same as date of loss? Yes No
- Coverage Structure: [ ]
- Apply this structure to all coverages (highlighted with a red arrow)
- Select Report
- Select Sub Code
- Select Branch

- d. If the Option Description is **Flat Amount** (i.e., \$5,000), the following fields will be displayed. If the coverage is a percent of another coverage, please do not use Flat Amount. Select ‘Percent of Coverage’.

The screenshot shows the 'Basic Life' form with the following fields:
 

- Coverage Amount: \$ [ ]
- Option Description: Flat Amount
- Effective Date of Coverage for Amount Claimed: mm / dd / yyyy
- Is the date coverage ended the same as date of loss? Yes No
- Coverage Structure: [ ]
- Apply this structure to all coverages
- Select Report
- Select Sub Code
- Select Branch

- e. If the Option Description is **Percentage of Coverage**, the following fields will be displayed. (If percentage is 25% of Basic Life, and the Basic Life is \$30,000.00, the *Calculation Base* will be \$30,000.00.), the following fields will be displayed. This is commonly used for AD&D and Dependent coverages.

The screenshot shows the 'Basic Life' form with the following fields:
 

- Coverage Amount: \$ [ ]
- Option Description: Percent of Coverage (highlighted with a red arrow)
- Percent: [ ] % Calc. Base Amount: \$ [ ]
- Coverage: [ Select ] (dropdown menu open showing options: Basic Life, Dependent AD&D, Dependent Life, Group Universal Life, Optional AD&D, Optional Dependent Life, Optional Life, Personal AD&D, Total Employee's Insurance Amt., Voluntary AD&D)
- Effective Date of Coverage for Amount Claimed: mm / dd / yyyy
- Is the date coverage ended the same as date of loss? Yes No
- Coverage Structure: [ ]
- Apply this structure to all coverages
- Select Report
- Select Sub Code
- Select Branch

- f. If the Option Description is **Multiple of Salary**, (i.e., If multiple is 2 times the base annual earnings, and the annual earnings are \$30,000.00, the calculation base will be \$30,000.00.), the following fields will be displayed.

The screenshot shows a web form titled "Basic Life". At the top, there is a "Coverage Amount" field with a dollar sign and a question mark icon, and an "Option Description" dropdown menu currently showing "Multiple of Salary". A red arrow points to the dropdown arrow of the "Option Description" menu. Below this, there is a "Salary Modifier" dropdown menu that is open, showing options: "Select" (with a checkmark), "Base Salary", "Basic Annual Earnings", and "Salary". Other fields include "Multiple" (checkbox), "Calc. Base Amount" (dollar sign and question mark icon), "Effective Date of Coverage for Amount Claimed" (mm/dd/yyyy), "Is the date coverage end the same as date of loss?" (checkbox), "Coverage Structure" (question mark icon), and three dropdown menus labeled "Select Report", "Select Sub Code", and "Select Branch".

### 3.4 Informant/Beneficiary Information Page

a) On this page you will be asked to provide Informant Information (i.e., information about the person or entity that reported the claim), and/or Beneficiary Information.

- Choose “Yes” in the Informant Information section if you have informant details or would like to provide comments, (i.e., additional information about the beneficiary designation, instructions for the claimant, or additional comments).

**IMPORTANT:** Beneficiary Information must be completed and signed by the Insured. Only beneficiary designations that contain the Insured’s signature, or an online web signature, are considered completed by the Insured. Designations signed by a power of attorney, guardian or with no signature (wet or electronic), are not considered to be completed by the insured.

- **Do you have a completed designation?** - If you have a beneficiary designation on file for the life benefits please answer this question as Yes. Otherwise, please answer No.
- **Is the completed designation signed by the insured?** - If the designation on file contains the Insured’s signature (ink or electronic) it is considered signed by the insured, and the question should be answered Yes. Otherwise, please answer No.

**IMPORTANT:** If MetLife is the beneficiary recordkeeper, the answers to the above two questions should always be Yes and Yes.

**NOTE:** If you have a designation on file, please upload a copy, or fax to **1-570-558-8645**, or mail a copy to MetLife at **PO BOX 6100, Scranton, PA 18505**. *If faxing or mailing, please indicate the claim number on the correspondence.*

The image shows a screenshot of a web form with two sections: "Informant Information" and "Beneficiary Information".

**Informant Information**  
Complete the Informant Information section on the next page if you have details about the person or entity that initially provided information about this claim, such as their name, address, phone number, relationship to the insured, etc. and/or, if you want to provide comments associated with this claim. Choose "Yes" if you have obtained some or all of the informant information, or if you only want to provide comments.

Do you have informant details or do you want to provide comments?  Yes  No

**Beneficiary Information**  
The next section should be completed using the beneficiary designation completed and signed by the insured. "Signed" means an ink or electronic signature.  
Answer "no" and mail the designation to MetLife Group Life Claims, PO Box 6100, Scranton, PA 18505 if the designation indicates any of the following:

- not signed at all
- signed by anyone other than the insured, such as Power of Attorney, guardian or conservator, trustee or owner/assignee
- signed in accordance with a court order such as a divorce decree
- a designation that is unclear, such as one where the beneficiary is listed as John Smith and/or Andy Smith

Do you have a completed designation?  Yes  No

Is the completed designation signed by the Insured?  Yes  No

### 3.5 Informant Information Section

- Provide details about the person or entity that reported the claim:
  - Select “Yes” in the “Do you have informant details?” dropdown to expose the section.
  - If some or all of this information is available, it is recommended to provide as much information as possible, as it will help with the processing of the claim. Alternatively, if you don’t have this information, you may skip over the informant fields.

**IMPORTANT:**

- 1. Before choosing “email” as the preferred contact method or recording a recipient’s email address, please ensure you have received permission for MetLife to communicate with the recipient by email.
- Changing the Country field to something other than United States, Puerto Rico or United States Minor Outlying Islands, changes the format of the Phone Number capture field to allow for a string of consecutive (International phone) numbers, up to 16 digits long.

**Time Saver:** Select country first

- Once the informant details have been entered, check the, “Is Informant a Beneficiary?” checkbox, if appropriate, to systematically copy the details into the Beneficiary Designation section.
- Select “Yes” in the Do you want to provide comments?” dropdown to expose the section and input detail pertinent to processing the claim, if applicable.
- The ‘Comments’ box is free-form and is not meant to replace existing fields that should be completed for the MetLink submission. User-provided comments should be considered supplemental information. The maximum comment size is 256 characters.
- For ABO Claims, use the Comments Section to enter what the benefits payable would be based on the Life expectancy per the plan provisions (i.e., after 6, 12, 24 months)

**Informant Information**

Do you have informant details? Yes

Relationship to insured: Child

Address1: [ ] Address2: [ ]

City: [ ] State: [ ] Zip/Postal Code: [ ]

Country: United States

Phone Number: [ ] ext. [ ]

Mobile Number: [ ] (Select a non-US Country to enter an Int'l Phone Number)

First Name: [ ] Middle Initial: [ ] Last Name: [ ] Email: [ ]

Preferred Contact Method: Email

Is Informant a Beneficiary?

Do you want to provide comments? yes

Comments: (256 character limit)

Please use this section to briefly document any other relevant and pertinent information needed to process this claim. Additionally, if "Other" was chosen as "Relationship to Insured," please provide relationship details below. Comments entered will become a permanent part of the claim record.

**Beneficiary Designation**

Select Beneficiary Type: Person

Relationship to insured: Select

Address1: [ ] Address2: [ ]

City: [ ] State: Select

Zip/Postal Code: [ ] Country: United States

Phone Number: [ ] ext. [ ]

Mobile Number: [ ] (Select a non-US Country to enter an Int'l Phone Number)

First Name: [ ] Middle Initial: [ ] Last Name: [ ] Suffix: Select

Social Security #: [ ] Social Security #: [ ]

Date of Birth: [ ]/ [ ]/ [ ] mm dd yyyy

Email: [ ] Preferred Contact Method: Select

Are you aware if a funeral home assignment has been completed? If yes, please provide the funeral home assignment to MetLife. Yes No

**Coverage Information**

Select coverages that are applicable to this beneficiary.

Coverage	Primary/Contingent	Share
<input type="checkbox"/> Basic Life (Employee) (1)	<input type="radio"/> Primary <input type="radio"/> Contingent	[ ] %

Send benefit payment to:

Directly to Beneficiary

Other (Where proceeds are delivered to the beneficiary by the employer.)

finish later cancel back next

## Examples of Recommended wording for Informant Information ‘Comments’ field

ACCEPTABLE COMMENT ENTRY	EXPANDED COMMENT ENTRY
Primary Beneficiary Predeceased	Primary Beneficiary Predeceased + add name(s) if more than one Primary Beneficiary exists
Contingent Beneficiary Predeceased	Contingent Beneficiary Predeceased + add name(s) if more than one Contingent Beneficiary exists
Rival Claim	Indicate that there is a rival claim and who the rival is
Date of Beneficiary Designation On Record: mm/dd/yyyy	Date of Beneficiary Designation On Record: mm/dd/yyyy
Beneficiary not signed by Insured	Beneficiary not signed by the insured. Uploading or mailing information

### 3.6 Beneficiary Designation Section

- The Beneficiary Designation section will appear directly below the Informant Information section on the same page, if the answer to the Informant Information question on the previous page was also “Yes”
- If “No” is answered to both the Informant Information AND Beneficiary Information questions, the experience will skip over both pages and you will be take directly to the Review/Edit page.

#### IMPORTANT:

1. *Beneficiary Information must be completed and signed by the Insured. Only beneficiary designations that contain the Insured’s signature, or an online web signature, are considered completed by the Insured. Designations signed by a power of attorney, guardian or with no signature (wet or electronic), are not considered to be completed by the insured. If any of these conditions exist, please upload, fax or mail.*
2. *Before choosing “email” as the preferred contact method or recording a recipient’s email address, please ensure you have received permission for MetLife to communicate with the recipient by email.*

The Beneficiary Designation information should be transcribed exactly as it appears on the designation along with the ‘send benefit payment to’. If you are not able to enter the information as it is indicated, **you must enter at least Beneficiary Name and indicate if it is primary or contingent**, and upload, fax or mail the designation to the MetLife Group Life Claim Office, as follows:

#### **Group Life Claims**

Fax Number: 1-570-558-8645

#### **Standard Mail:**

Metropolitan Life Insurance Company  
Group Life Claims  
P.O. Box 6100  
Scranton, PA 18505

#### **Overnight Mail:**

Metropolitan Life Insurance Company  
Group Life Claims  
10 E.D. Preate Drive  
Moosic, PA 18507

If you have questions about the claim forms and a recently submitted claim, contact the MetLife Group Life Claims department at 1-800-638-6420 (press prompts 2, 2)

**Note:** *If you have Autohook functionality turned on, the beneficiary details (if on file) will auto populate in the screens below.*

- *If the insured has elected multiple beneficiaries to receive “equal shares”, the record will display in MetLink*

as 0% per beneficiary. The equal percentages will have to be manually input to be received by each beneficiary (e.g., 50% each to two beneficiaries, 25% each to four beneficiaries).

- Depending on the Beneficiary Type selected, the fields that display on the page will change.

The screenshot shows the 'Beneficiary Designation' form with the 'Select Beneficiary Type:' dropdown menu open, displaying options: Person, Trust, Estate, and Charity. The 'Spouse' option is selected in the 'Relationship to insured:' field. Other visible fields include 'First Name:' with the value 'Patricia', 'Middle Initial:', and 'Last Name:'.

- If 'Person' is selected as the Beneficiary Type, you must also choose a 'Relationship to Insured'. If the beneficiary is deceased, enter the deceased beneficiary's name in MetLink as 'person's name – deceased'.

The screenshot shows the 'Beneficiary Designation' form for a 'Person' beneficiary. The 'Select Beneficiary Type:' dropdown is set to 'Person'. The 'Relationship to insured:' dropdown is set to 'Select'. The form includes fields for: First Name, Middle Initial, Last Name, Suffix, Social Security #, Date of Birth (mm/dd/yyyy), Email, Preferred Contact Method, Address1, Address2, City, State, Zip/Postal Code, Country (United States), Phone Number, and Mobile Number. At the bottom, there is a question: 'Are you aware if a funeral home assignment has been completed? If yes, please provide the funeral home assignment to MetLife.' with radio buttons for 'Yes' and 'No'.

- If 'Trust' is selected as the Beneficiary Type, the following fields will display:

The screenshot shows the 'Beneficiary Designation' form for a 'Trust' beneficiary. The 'Select Beneficiary Type:' dropdown is set to 'Trust'. The form includes fields for: Trust Name, Trust Date (mm/dd/yyyy), and Trustee Name.

- If 'Estate' is selected as the Beneficiary Type, please indicate the legal name of the Estate and the Executor/Administrator name. **Do not enter a contact person as the estate.**

**Beneficiary Designation**

Select Beneficiary Type:

Estate Name:

Executor/  
Administrator:

- If 'Charity' is selected as the Beneficiary Type, the following fields will display:

**Beneficiary Designation**

Select Beneficiary Type:

Charity Name:

Contact  
Person:

Tax Identification  
Number:

- Below the Beneficiary Type and Contact Information section is the Coverage Information section. Select the coverages that are applicable to the beneficiary information entered.
- Multiple beneficiaries can be entered on the next page. You must enter one named beneficiary and the % on this page to proceed.

**Coverage Information**

Select coverages that are applicable to this beneficiary.

	Coverage	Primary/Contingent	Share
<input type="checkbox"/>	Basic Life	<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/> %
<input type="checkbox"/>	Optional Life	<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/> %
<input type="checkbox"/>	Business Travel Accident	<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/> %
<input type="checkbox"/>	Optional Accidental Death and Dismemberment	<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/> %

**Send benefit payment to:**

**Directly to Beneficiary**

**Other (Where proceeds are delivered to the beneficiary by the employer.)**

- **Note:** In the 'Send benefit payment to:' section, "Other" represents a payment not sent to a beneficiary (i.e., Delivery the Promise Agent, Attorney, etc.)

- The next page provides a snapshot of all beneficiaries entered including their relationship to the participant and shares per coverage. It also allows you to Add, Remove or Edit the beneficiary information entered and adjust the share % if necessary.
  - Beneficiary's shares can be distributed equally among beneficiaries by clicking the checkbox.
  - Additional beneficiaries can be entered by clicking on and of the 'Add' links
  - Click on the 'Remove' link to remove the beneficiary from the specific coverage
  - Click the 'Edit' link to edit beneficiary information. Clicking this link will take you to the previous page where changes can be made.
- The MetLink Life Claims feature allows you to enter 10 beneficiaries online. If you have more than 10 beneficiaries designated, you will have to send the beneficiary designation form to the MetLife Group Life Claims department.
  - MetLife reserves the right to request additional documentation as required

**IMPORTANT!** Please do NOT include any punctuation in the Beneficiary Name (First, Middle, Last) and Beneficiary Address fields.

**Add/Maintain designated beneficiaries for the following coverages**

Please transcribe the beneficiary designation form as it appears in your records even if share total is greater or less than 100% and MetLife will make any appropriate adjustments.

Beneficiary Name	Relation/Type	Share	
<b>Coverage: Basic Life</b>			
<b>Primary Beneficiaries</b>			
Distribute shares equally among beneficiaries <input checked="" type="checkbox"/>			
Karen Smith	Spouse	1/2	Edit   Remove   Add
Danny Smith	Child	1/2	Edit   Remove   Add
Total: 100 %			
<b>Contingent Beneficiaries</b>			
Distribute shares equally among beneficiaries <input type="checkbox"/>			
Laura Smith	Child	100%	Edit   Remove   Add
<b>Coverage: Optional Life</b>			
<b>Primary Beneficiaries</b>			
Distribute shares equally among beneficiaries <input type="checkbox"/>			
Karen Smith	Spouse	100 %	Edit   Remove   Add
Total: 100 %			
<b>Contingent Beneficiaries</b>			
Distribute shares equally among beneficiaries <input type="checkbox"/>			
No contingent beneficiaries have been created.			Add
<b>Coverage: Business Travel Accident</b>			
<b>Primary Beneficiaries</b>			
Distribute shares equally among beneficiaries <input type="checkbox"/>			
Karen Smith	Spouse	100 %	Edit   Remove   Add
Total: 100 %			
<b>Contingent Beneficiaries</b>			
Distribute shares equally among beneficiaries <input type="checkbox"/>			
No contingent beneficiaries have been created.			Add
<b>Optional Accidental Death and Dismemberment</b>			
<b>Primary Beneficiaries</b>			
Distribute shares equally among beneficiaries <input type="checkbox"/>			
Karen Smith	Spouse	100 %	Edit   Remove   Add
Total: 100 %			
<b>Contingent Beneficiaries</b>			
Distribute shares equally among beneficiaries <input type="checkbox"/>			
No contingent beneficiaries have been created.			Add

finish later delete back next



### 3.7 Review/Edit Page

- a. This page displays the information you've already entered and allows you to edit the fields in each section. If any required information is missing or was entered incorrectly, the errors and incorrect fields will be listed in red at the top of the page. All errors need to be corrected before submission of the claim.
- b. Clicking 'edit' will take you back to the screen you wish to edit. At the bottom of the screen, you will have the option to 'finish later' if you would like to complete the claim at a later time or 'return back to the review/edit/submit' page after updating.

1. [Getting Started](#)
» 2. [Participant Information](#)
» 3. [Coverage Information](#)
» 4. [Informant/Beneficiary](#)
» **5. Review/Edit**
» 6. [Submit Claim](#)

Review your information for accuracy, click the edit button(s) to make any changes.  
Click the **next** button to continue your claim submission.

[next ▶](#)

**Employee Information**

<b>First Name:</b> <b>Middle Initial:</b> <b>Last Name:</b> <b>Suffix:</b> <b>Gender:</b> <b>Date of Birth:</b>	<b>Address1:</b> <b>Address2:</b> <b>City:</b> <b>State:</b> <b>Zip/Postal Code:</b> <b>Country:</b>
<b>Date of Death:</b> 10/10/2018	

**Employment Information**

<b>Employee Type:</b> Salaried	<b>Date of Hire:</b> 01/01/1992
<b>Employee Status:</b> Active Employee	
<b>On what date was the employee last physically at work?</b> 10/09/2018	<b>Reason for Stopping:</b> death
<b>Date premium payments for employee stopped?</b> 10/10/2018	
<b>Was the employer-employee relationship terminated prior to the claims?</b> No	<b>If Yes, reason:</b>
<b>Base Annual Earnings:</b> \$200,000 <small>Please enter Base Annual Earnings if benefit is based on salary.</small>	<b>Base Annual Earnings Effective Date:</b> 01/01/2018

[edit](#)

### 3.8 Submit Claim Page

- e. During the last step, you will be required to reconfirm your password, before clicking the 'Submit' link
- f. This step acts as your 'Electronic Signature' and acknowledges your understanding of and agreement with the Terms and Conditions outlined on the page.
- g. Once submitted, the user will see a link where they can upload supporting documentation for this claim.
- h. MetLife will need the last 2 years of enrollment history for any contributory coverage and the latest beneficiary designations.

**Note:** Your confirmation number is also your claim number.

**Life Claim** Acme Corporation (0000001)

1. Getting Started >> 2. Participant Information >> 3. Coverage Information >> 4. Informant/Beneficiary >> 5. Review/Edit >> 6. **Submit Claim**

**Electronic Signature**

I understand that by entering my password and clicking on the "Submit" button I am signing and submitting the Employer's Statement for this claim to Metropolitan Life Insurance Company. This is a legally binding electronic signature.

I acknowledge that the information provided for this claim is true and correct. This information will be used in the review and evaluation of the claim. Additional documentation may be needed based on the review.

Please Reconfirm Password:

If you are experiencing difficulties with your password, please call us at 1-877-9METWEB.

Representatives are available Monday-Friday from 8:00 AM to 11:00 PM - EST

[finish later](#) [back](#) [submit](#)

**Life Claim** LIFE

1. Getting Started >> 2. Participant Information >> 3. Coverage Information >> 4. Informant/Beneficiary >> 5. Review/Edit >> 6. **Submit Claim**

**The claim for Smith, Bill has been submitted successfully.**

Your Claim # is **2181000060**

**NOTE:** You may wish to [print a copy of this claim](#) for your records now as this claim print feature will no longer be available once you leave this page. Note that you can always return to the Life Claims 'Getting Started' page at any time to inquire on and obtain Claim Details on this or any other previously submitted claim, by searching for the claim by Employee SSN, Claim # or Employee ID using the Claim Search function.

**In order to complete the review of your claim, MetLife will need the last 2 years of enrollment history for any contributory coverage and the latest beneficiary designation. In addition, the Claimant Statement and Original Death Certificate will need to be submitted for review. You can upload the supporting documentation here online or you can mail documentation directly to Group Life Claims for processing.**

[Upload Supporting Documentation for this Claim](#)

Metropolitan Life Insurance Company  
Group Life Claims  
P.O. Box 6100  
Scranton, PA 18505-6100

For assistance, please call 1-800-638-6420.

[Submit another claim or finish an incomplete claim](#)

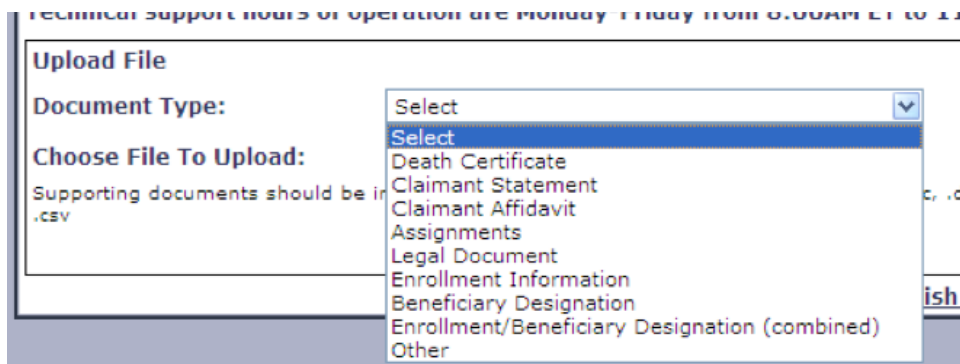
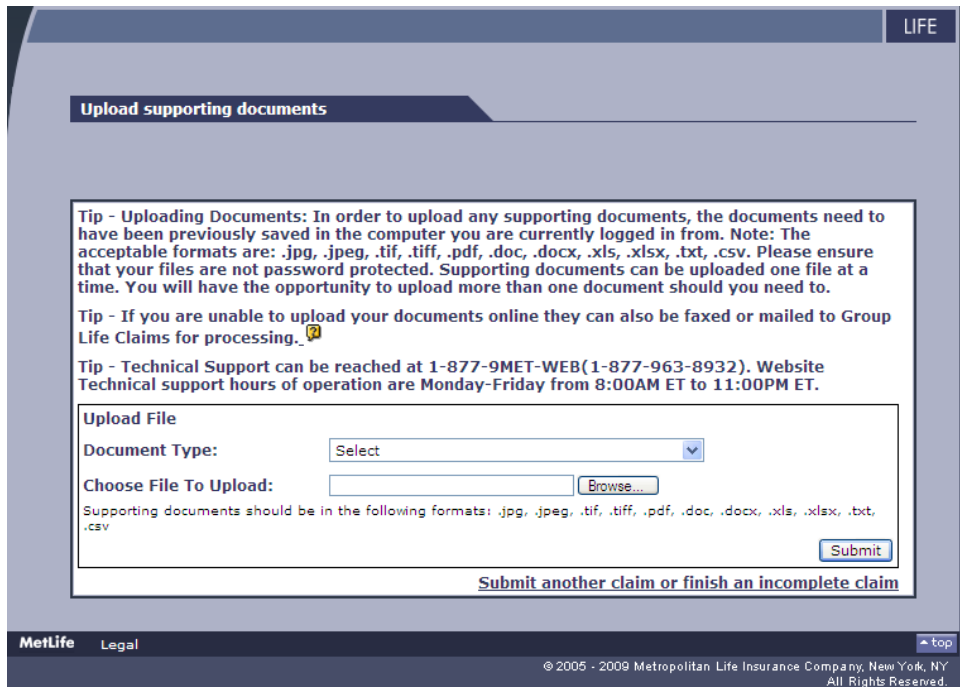
\* MetLife reserves the right to request additional documentation as required.

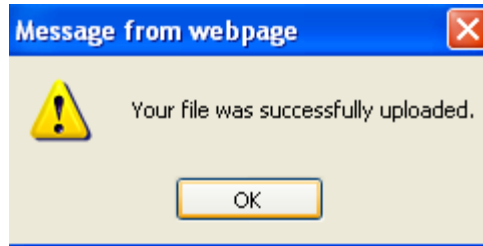
- i. Clicking on the Upload Supporting Documentation for this Claim link, takes the user to a page where the supporting documentation can be uploaded.
  - Select the type of document from the drop down list (if the document type is not listed, select other). Then click on the 'Browse' button to locate and select the file on your local computer.
  - A confirmation message will appear if your file was successfully uploaded and sent to the Group Life Claims work queue

**NOTE:** Supporting documentation (such as Enrollment and Beneficiary Designation documents) can be uploaded for all types of claims:

- **Life:** supporting documentation can be uploaded via the confirmation screen or by searching for the claim and uploading via the Claims Details screen;
- **ABO and Dismemberment:** supporting documentation can only be uploaded by searching for the claim and uploading via the Claims Details screen.

**IMPORTANT:** Please ensure that your files are not password protected. MetLife is unable to open password-protected files. Files uploaded through MetLink are secure and encrypted.





- Supporting documentation can also be uploaded after the claim is submitted by navigating back to the Life Claims application and by searching for the claim you submitted. Click on the claim submitted and the claim will display with the orange link to upload your files.

### Submit a Claim

Claim Type:

Claim is for:

Employee SSN    Employee ID

\*Employee SSN:  -  -

\*Retype Employee SSN:  -  -

### Search

Claims    Saved Drafts

Employee SSN  -  -

**NOTE:** To add supporting documentation to an existing claim, search for the claim above and then click the link to upload supporting documents.

Page: 1

### Current Claims

Page Results 1 of 1

Employee Name	SSN/ Employee ID	Claim #	Dependent Name	Submission Date	Claim Status
TEST, MARY	XXX-XX-8888	<a href="#">21409000211</a>		09/30/2014	OPEN

Page: 1

\*Required

MetLife Legal
[top](#)

**Claim Details**

**Employee Details**

<b>Employee Name:</b> TEST MARY	<b>Employee SSN:</b> 999998888
<b>Dependent Name:</b>	<b>Employee ID:</b>
	<b>Claim #:</b> 21409000211

**Search**

**Claims**
 **Saved Drafts**

Employee SSN --

To upload supporting documentation to this claim please click the Upload Files link below.

**Status: OPEN**

**Coverage: Basic Life- Employee**

<b>Benefit Amount:</b>	\$60,000	<b>Claim Status:</b>	Pending
<b>Amount Paid:</b>		<b>Balance:</b>	\$60,000.00

**Note**

This MetLink Life Claims site ("Site") is for informational purposes only and a formal notice will be sent to the claimant with MetLife's final claim determination which may differ from the information herein. The information on this Site is proprietary to MetLife and subject to MetLife's privacy policy as well as legal privacy requirements.

- The orange upload files link will take the user to the Upload Supporting documents page where the user can upload supporting documents.

**Upload supporting documents**

**Tip - Uploading Documents:** In order to upload any supporting documents, the documents need to have been previously saved in the computer you are currently logged in from. Note: The acceptable formats are: .jpg, .jpeg, .tif, .tiff, .pdf, .doc, .docx, .xls, .xlsx, .txt, .csv. Please ensure that your files are not password protected. Supporting documents can be uploaded one file at a time. You will have the opportunity to upload more than one document should you need to.

**Tip - If you are unable to upload your documents online they can also be faxed or mailed to Group Life Claims for processing.**

**Tip - Technical Support can be reached at 1-877-9MET-WEB(1-877-963-8932). Website Technical support hours of operation are Monday-Friday from 8:00AM ET to 11:00PM ET.**

**Upload File**

**Document Type:**

**Choose File To Upload:**

Supporting documents should be in the following formats: .jpg, .jpeg, .tif, .tiff, .pdf, .doc, .docx, .xls, .xlsx, .txt, .csv

[Submit another claim or finish an incomplete claim](#)

## 4.0 SUBMITTING AN ACCELERATED BENEFITS OPTION (ABO) CLAIM

When submitting an ABO Claim on MetLink, the screen process flow is the same as for a Life Claim, except for Date of Loss and beneficiary information, which is required instead of Date of Death on the Employee Information page in the Participant Information section.

- 4.1 To start a new Accelerated Benefits Option (ABO) claim for an Employee or Dependent:
- Select the Claim Type Accelerated Benefits Option (ABO) from the drop down menu within the 'Submit a Claim' function box
  - Select 'Employee' or 'Dependent' from the drop down menu within the 'Claim is for:' function box.
  - If the claim is for a Dependent, enter the Dependent's SSN (if available) in the field provided.
  - Choose either the Employee SSN or Employee ID radio button and enter the accurate value in the fields provided, then click the 'go' button.

The screenshot shows the 'Submit a Claim' form with the following fields and options:

- Claim Type:** Accelerated Benefits Option (ABO) (selected)
- Claim is for:** Employee (selected)
- Employee SSN** (selected radio button) and **Employee ID** (unselected radio button)
- \*Employee SSN:** Three input boxes separated by dashes.
- \*Retype Employee SSN:** Three input boxes separated by dashes, with a fourth input box below the second one.
- go** button (bottom right).

The screenshot shows the 'Submit a Claim' form with the following fields and options:

- Claim Type:** Select (dropdown menu)
- Claim is for:** Dependent, no SSN available (selected dropdown menu)
- \*Dependent SSN:** Three input boxes separated by dashes, with a value of 999 in the first box, 99 in the second, and 9999 in the third.
- \*Retype Dependent SSN:** Three input boxes separated by dashes, with a value of 999 in the first box, 99 in the second, and 9999 in the third.
- Employee SSN** (selected radio button) and **Employee ID** (unselected radio button)
- \*Employee SSN:** Three input boxes separated by dashes.
- \*Retype Employee SSN:** Three input boxes separated by dashes.
- go** button (bottom right).

## 4.2 Participant Information Page

- On the 'Participant Information' page, you are required to complete demographic information regarding the employee or dependent. Do not include any punctuation in the Employee Name (First, Middle, Last) or Employee Address fields. (i.e. O'Donnell or Smith-Jones or Jr., Rd. St.)
- In a Dependent's claim, Dependent information will display at the very top of the page, followed by the Employee's information. Please note that the employee's information is still required for a dependent claim.
- For the question, "On what date was the employee last physically at work?", please enter the date the employee was last at work (mm/dd/yyyy).
- For 'Date of Loss', please enter the date the claim is filed.

**IMPORTANT:** Do not include any punctuation in the Employee Name (First, Middle, Last) or Employee Address fields. (i.e. O'Donnell or Smith-Jones or Jr., Rd. St.)

Accelerated Benefits Option (ABO) Claim

1. Getting Started >> 2. Participant Information >> 3. Coverage Information >> 4. Informant/Beneficiary >> 5. Review/Edit >> 6. Submit Claim

**Employee Information**

First Name: [ ] Middle Initial: [ ] Last Name: [ ] Suffix: [Select] Gender:  Male  Female Date of Birth: 01 / 01 / 1972 Date of Loss: 10 / 10 / 2018 Address1: [ ] Address2: [ ] City: [ ] State: [ ] Zip/Postal Code: [ ] Country: United States

**Employment Information**

Employee Type: [Select] Date of Hire: [ ] / [ ] / [ ] Employee Status: [Select] On what date was the employee last physically at work? [ ] / [ ] / [ ] Reason for Stopping: [ ] Date premium payments for employee stopped? [ ] / [ ] / [ ] Was the employer-employee relationship terminated prior to the claims?  Yes  No If Yes, reason: [ ] Base Annual Earnings: \$ [ ] Base Annual Earnings Effective Date: [ ] / [ ] / [ ]

finish later < back next >

Accelerated Benefits Option (ABO) Claim

Acme Corporation (0000001)

1. Getting Started >> 2. Participant Information >> 3. Coverage Information >> 4. Informant/Beneficiary >> 5. Review/Edit >> 6. Submit Claim

**Employee Information (Continued)**

**Employee Insurance Information**

Was Life Insurance cancelled?  Yes  No Cancellation Date: [ ] / [ ] / [ ]

Was a Total and Permanent Disability or Continued Protection (CP) disability waiver claim ever filed with MetLife for this employee?  Yes  No

Was insurance ever assigned?  Yes  No Date Assignment Executed: [ ] / [ ] / [ ]

**Employer Information**

Employer Name: Acme Corporation

Division: Please select division where employee/member worked or enter new division if not listed.

Select an existing division  Create a new division

Division Name: [ ] Address1: [ ] Contact First Name: [ ] City: [ ] Contact Last Name: [ ] State: [ ] Zip/Postal Code: [ ] Country: United States

finish later < back next >

- The Employee Information Page will need to be completed and includes the employee's employment and insurance information as well as where the employee worked.
- Under the Employer Information Division Section, the Division Name, the Contact Name and the Address is who receives the notice of claim payment (if applicable) (i.e., Broker, TPA)

### 4.3 Coverage Information Page

- a. The next two pages are called the 'Coverage Information' pages. This is where you will provide information regarding all coverages that the employee was enrolled for.
- b. The coverages displayed are limited to the coverages your company offers.

1. [Getting Started](#) >> 2. [Participant Information](#) >> 3. **Coverage Information** >> 4. [Informant/Beneficiary](#) >> 5. [Review/Edit](#) >> 6. [Submit Claim](#)

**Select enrolled coverages that are being claimed**

Basic Life (Employee) (1)       Optional Life (Employee) (1)       Personal Accidental Death (Employee) (1)

Voluntary Accidental Death (Employee)

---

**Did the employee elect an increase in coverage within the last 2 years?**       Yes       No

---

**Claim Kit**  
**Do you want a claim kit to be automatically sent to the beneficiary?**       Yes       No

[finish later](#)      [← back](#)      [next →](#)

**Coverage Information**

**Selected Coverages :**  
 Basic Life (Employee) (1)      [change your selection](#)

---

Please complete the following coverage sections.

**Basic Life (Employee) (1)**

**Coverage Amount :** \$       **Option Description :** Flat Amount

**Effective Date of Coverage for Amount Claimed :**  /  /       **Is the date coverage ended the same as date of loss?**       Yes       No  
mm   dd   yyyy

**Coverage End Date :**  /  /   
mm   dd   yyyy

**Coverage Structure :**        Apply this structure to all coverages

Select Report

Select Sub Code

Select Branch

[finish later](#)      [← back](#)      [next →](#)



- c. If the “Coverage Structure” is the same for all the coverages, click the “Apply this structure to all coverages” link after making the selections for the first coverage and the same structure will be populated for the rest of the coverages. It is important that the correct structure be selected as this is used for claim processing and financial reporting

The screenshot shows the 'Basic Life' form with the following fields:
 

- Coverage Amount:** \$ [ ]
- Option Description:** Flat Amount
- Effective Date of Coverage for Amount Claimed:** mm / dd / yyyy
- Is the date coverage ended the same as date of loss?** Yes No
- Coverage Structure:** [ ] [Apply this structure to all coverages](#)
- Select Report:** [ ]
- Select Sub Code:** [ ]
- Select Branch:** [ ]

 A red arrow points to the 'Apply this structure to all coverages' link.

- d. If the Option Description is **Flat Amount (i.e., \$5,000)**, the following fields will be displayed. If the coverage is a percent of another coverage, please do not use Flat Amount. Select 'Percent of Coverage'.

The screenshot shows the 'Basic Life' form with the following fields:
 

- Coverage Amount:** \$ [ ]
- Option Description:** Flat Amount
- Effective Date of Coverage for Amount Claimed:** mm / dd / yyyy
- Is the date coverage ended the same as date of loss?** Yes No
- Coverage Structure:** [ ] [Apply this structure to all coverages](#)
- Select Report:** [ ]
- Select Sub Code:** [ ]
- Select Branch:** [ ]

- e. If the Option Description is **Percentage of Coverage**, the following fields will be displayed. (If percentage is 25% of Basic Life, and the Basic Life is \$30,000.00, the *Calculation Base* will be \$30,000.00.). This is commonly used for AD&D and Dependent coverages.

The screenshot shows the 'Basic Life' form with the following fields:
 

- Coverage Amount:** \$ [ ]
- Option Description:** Percent of Coverage
- Percent:** [ ] % **Calc. Base Amount:** \$ [ ]
- Coverage:** Select
  - Basic Life
  - Dependent AD&D
  - Dependent Life
  - Group Universal Life
  - Optional AD&D
  - Optional Dependent Life
  - Optional Life
  - Personal AD&D
  - Total Employee's Insurance Amt.
  - Voluntary AD&D
- Effective Date of Coverage for Amount Claimed:** mm / dd / yyyy
- Is the date coverage ended the same as date of loss?** Yes No
- Coverage Structure:** [ ] [Apply this structure to all coverages](#)
- Select Report:** [ ]
- Select Sub Code:** [ ]
- Select Branch:** [ ]

 A red arrow points to the 'Percent of Coverage' dropdown.

- g. If the Option Description is **Multiple of Salary**, (i.e., If multiple is 2 times the base annual earnings, and the annual earnings are \$30,000.00, the calculation base will be \$30,000.00.), the following fields will be displayed.

**Basic Life**

Coverage Amount: \$  Option Description: Multiple of Salary

Multiple:  Calc. Base Amount: \$  Salary Modifier:  Select

Effective Date of Coverage for Amount Claimed:  /  /  mm dd yyyy Is the date coverage end the same as date of loss?

Coverage Structure:  Apply this structure to all coverages

Select Report

Select Sub Code

Select Branch

#### 4.4 Informant/Beneficiary Information Page

On this page you will be asked to provide Informant Information (i.e., information about the person or entity that reported the claim).

- Choose “Yes” in the Informant Information section if you have informant details or would like to provide comments, (i.e., additional information about the beneficiary designation, instructions for the claimant, or additional comments).

**Accelerated Benefits Option (ABO) Claim** Acme Corporation (0000001)

1. Getting Started >> 2. Participant Information >> 3. Coverage Information >> 4. Informant/Beneficiary >> 5. Review/Edit >> 6. Submit Claim

**Informant Information**

Complete the Informant Information section on the next page if you have details about the person or entity that initially provided information about this claim, such as their name, address, phone number, relationship to the insured, etc., and/or, if you want to provide comments associated with this claim. Choose “Yes” if you have obtained some or all of the informant information, or if you only want to provide comments.

Do you have informant details or do you want to provide comments?  Yes  No

finish later back next

## 4.5 Informant Information Section

- Provide details about the person or entity that reported the claim:
  - Select “Yes” in the “Do you have informant details?” dropdown to expose this section.
  - If some or all of this information is available, it is recommended to provide as much information as possible, as it will help with the processing of the claim. Alternatively, if you don’t have this information, you may skip over the informant fields.

### **IMPORTANT:**

1. *Before choosing “email” as the preferred contact method or recording a recipient’s email address, please ensure you have received permission for MetLife to communicate with the recipient by email.*
- Changing the Country field to something other than United States, Puerto Rico or United States Minor Outlying Islands, changes the format of the Phone Number capture field to allow for a string of consecutive (International phone) numbers, up to 16 digits long. **Time Saver:** Select country first
  - Select “Yes” in the Do you want to provide comments?” dropdown to expose the section and input detail pertinent to processing the claim, if applicable.
  - The ‘Comments’ box is free-form and is not meant to replace existing fields that should be completed for the MetLink submission. User-provided comments should be considered supplemental information. The maximum comment size is 256 characters.
  - For ABO Claims, use the Comments Section to enter what the benefits payable would be based on the Life expectancy per the plan provisions (i.e., after 6, 12, 24 months)

**Informant Information**

Do you have informant details? Yes

Relationship to insured: Child

First Name: Ernie

Middle Initial: J

Last Name: Noortihosen

Email: nma@metlife.com

Preferred Contact Method: Email

Is Informant a Beneficiary?

Address1: 98 Rourke St

Address2:

City: Julietio

State: Washington

Zip/Postal Code: 76532

Country: United States

Phone Number: 201-222-3344 ext.

Mobile Number: 201-223-4565  
(Select a non-US Country to enter an Int'l Phone Number)

Do you want to provide comments? yes

Comments: (256 character limit)  
Please use this section to briefly document any other relevant and pertinent information needed to process this claim. Additionally, if 'Other' was chosen as "Relationship to Insured," please provide relationship details below. Comments entered will become a permanent part of the claim record.

## 4.6 Review/Edit Page

- a. This page displays the information you’ve already entered and allows you to edit the fields in each section. If any required information is missing or was entered incorrectly, the errors and incorrect fields will be listed in red at the top of the page. All errors need to be corrected before submission of the claim.

- b. Clicking 'edit' will take you back to the screen you wish to edit. At the bottom of the screen, you will have the option to 'finish later' if you would like to complete the claim at a later time or 'return back to the review/edit/submit' page after updating.

1. [Getting Started](#)
>> 2. [Participant Information](#)
>> 3. [Coverage Information](#)
>> 4. [Informant/Beneficiary](#)
5. [Review/Edit](#)
>> 6. [Submit Claim](#)

Review your information for accuracy, click the edit button(s) to make any changes. Click the **next** button to continue your claim submission. next ▶

### Employee Information

<b>First Name:</b> <b>Middle Initial:</b> <b>Last Name:</b> <b>Suffix:</b> <b>Gender:</b> <b>Date of Birth:</b>	<b>Address1:</b> <b>Address2:</b> <b>City:</b> <b>State:</b> <b>Zip/Postal Code:</b> <b>Country:</b>
<b>Date of Death:</b> 10/10/2018	

### Employment Information

<b>Employee Type:</b> Salaried	<b>Date of Hire:</b> 01/01/1992
<b>Employee Status:</b> Active Employee	
<b>On what date was the employee last physically at work?</b> 10/09/2018	<b>Reason for Stopping:</b> death
<b>Date premium payments for employee stopped?</b> 10/10/2018	
<b>Was the employer-employee relationship terminated prior to the claims?</b> No	<b>If Yes, reason:</b>
<b>Base Annual Earnings:</b> \$200,000 <small>Please enter Base Annual Earnings if benefit is based on salary.</small>	<b>Base Annual Earnings Effective Date:</b> 01/01/2018

edit

#### 4.7 Submit Claim Page

- j. During the last step, you will be required to reconfirm your password, before clicking the 'Submit' link
- k. This step acts as your 'Electronic Signature' and acknowledges your understanding of and agreement with the Terms and Conditions outlined on the page.

- l. Once submitted, Please upload, mail or fax supporting documentation (see [Section 8.0 Required Forms](#)) to the MetLife Group Life Claims Office, as listed below.
- m. MetLife will need the last 2 years of enrollment history for any contributory coverage and the latest beneficiary designations.

**Note:** Your confirmation number is also your claim number.

**Life Claim** **Acme Corporation (0000001)**

1. [Getting Started](#) >> 2. [Participant Information](#) >> 3. [Coverage Information](#) >> 4. [Informant/Beneficiary](#) >> 5. [Review/Edit](#) >> 6. **Submit Claim**

**Electronic Signature**

I understand that by entering my password and clicking on the "Submit" button I am signing and submitting the Employer's Statement for this claim to Metropolitan Life Insurance Company. This is a legally binding electronic signature.

I acknowledge that the information provided for this claim is true and correct. This information will be used in the review and evaluation of the claim. Additional documentation may be needed based on the review.

**Please Reconfirm Password:**

If you are experiencing difficulties with your password, please call us at 1-877-9METWEB.

Representatives are available Monday-Friday from 8:00 AM to 11:00 PM - EST

[finish later](#) [back](#) [submit](#)

**Group Life Claims**

Fax Number: 1-570-558-8645

**Standard Mail:**

Metropolitan Life Insurance Company  
 Group Life Claims  
 P.O. Box 6100  
 Scranton, PA 18505

**Overnight Mail:**

Metropolitan Life Insurance Company  
 Group Life Claims  
 10 E.D. Preate Drive  
 Moosic, PA 18507

If you have questions about the claim forms and a recently submitted claim, contact the MetLife Group Life Claims department at 1-800-638-6420 (press prompts 2, 2)

## 5.0 SUBMITTING AN ACCIDENTAL DISMEMBERMENT CLAIM

When submitting an Accidental Dismemberment Claim on MetLink, the screen process flow is the same as a Life Claim, except for the Date of Loss and Type of Loss are required instead of Date of Death on the Employer Information Page.

5.1 To start a new Accidental Dismemberment claim for an Employee or Dependent:

- g. Select the Accidental Dismemberment Claim Type from the drop down with the 'Submit a Claim' function box.
- h. Select 'Employee' or 'Dependent' from the drop down menu within the 'Claim is for:' function box.
- i. If the claim is for a Dependent, enter the Dependent's SSN (if available) in the field provided.
- j. Choose either the Employee SSN or Employee ID radio button and enter the accurate value in the fields provided, then click the 'go' button.

The screenshot shows the 'Submit a Claim' form with the following fields and options:

- Claim Type:** Accidental Dismemberment
- Claim is for:** Employee
- Employee SSN**     **Employee ID**
- \* **Employee SSN:** [ ] - [ ] - [ ]
- \* **Retype Employee SSN:** [ ] - [ ] - [ ]
- go** button

The screenshot shows the 'Submit a Claim' form with the following fields and options:

- Claim Type:** Select
- Claim is for:** Dependent, no SSN available
- \* **Dependent SSN:** [999] - [99] - [9999]
- \* **Retype Dependent SSN:** [999] - [99] - [9999]
- Employee SSN**     **Employee ID**
- \* **Employee SSN:** [ ] - [ ] - [ ]
- \* **Retype Employee SSN:** [ ] - [ ] - [ ]
- go** button

## 5.2 Participant Information Page

- On the “Participant Information” page, you are required to complete demographic information regarding the employee or dependent. Do not include any punctuation in the Employee Name (First, Middle, Last) or Employee Address fields. (i.e. O’Donnell or Smith-Jones or Jr., Rd. St.)
- In a Dependent’s claim, Dependent’s information will display at the very top of the page followed by the Employee’s information. Please note that the employee’s information is still required for a dependent claim.
- For the question, “On what date was the employee last physically at work?”, please enter the date the employee was last at work (mm/dd/yyyy).
- Type of loss include limb amputation, loss of vision, paralysis, loss of speech, or loss of hearing.

### Accidental Dismemberment Claim

1. Getting Started >> 2. Participant Information >> 3. Coverage Information >> 4. Informant/Beneficiary >> 5. Review/Edit >> 6. Submit Claim

#### Employee Information

<b>First Name:</b> <input type="text"/>	<b>Address1:</b> <input type="text"/>
<b>Middle Initial:</b> <input type="text"/>	<b>Address2:</b> <input type="text"/>
<b>Last Name:</b> <input type="text"/>	<b>City:</b> <input type="text"/>
<b>Suffix:</b> <input type="text" value="Select"/>	<b>State:</b> <input type="text" value="Select"/>
<b>Gender:</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Zip/Postal Code:</b> <input type="text"/>
<b>Date of Birth:</b> <input type="text" value="mm/dd/yyyy"/>	<b>Country:</b> <input type="text" value="United States"/>
<b>Date of Loss:</b> <input type="text" value="mm/dd/yyyy"/>	<b>Type of Loss:</b> <input type="text" value="Select"/>

#### Employment Information

<b>Employee Type:</b> <input type="text" value="Select"/>	<b>Date of Hire:</b> <input type="text" value="mm/dd/yyyy"/>
<b>Employee Status:</b> <input type="text" value="Select"/>	
<b>On what date was the employee last physically at work?</b> <input type="text" value="mm/dd/yyyy"/>	<b>Reason for Stopping:</b> <input type="text"/>
<b>Date premium payments for employee stopped?</b> <input type="text" value="mm/dd/yyyy"/>	
<b>Was the employer-employee relationship terminated prior to the claims?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>If Yes, reason:</b> <input type="text"/>
<b>Base Annual Earnings:</b> \$ <input type="text"/> <small>Please enter Base Annual Earnings if benefit is based on salary.</small>	<b>Base Annual Earnings Effective Date:</b> <input type="text" value="mm/dd/yyyy"/>

[finish later](#) [back](#) [next](#)

- e. The Employee Information Page will need to be completed and includes the employee's employment and insurance information as well as where the employee worked.
- f. Under the Employer Information Division Section, the Division Name, the Contact Name and the address is who receives the notice of the claim payment (if applicable) (i.e., Broker, TPA).

**Employee Information (Continued)**

**Employee Insurance Information**

**Was Life Insurance cancelled?**       Yes    No      **Cancellation Date:**  /  /   
mm   dd   yyyy

---

**Was a Total and Permanent Disability or Continued Protection (CP) disability waiver claim ever filed with MetLife for this employee?**       Yes    No

---

**Was insurance ever assigned?**       Yes    No      **Date Assignment Executed:**  /  /   
mm   dd   yyyy

**Employer Information**

**Employer Name:** Acme Corporation

**Division:** Please select division where employee/member worked or enter new division if not listed.

**Select an existing division** select       **Create a new division**

<b>Division Name:</b> <input style="width: 90%;" type="text"/>	<b>Address1:</b> <input style="width: 90%;" type="text"/>
<b>Contact First Name:</b> <input style="width: 90%;" type="text"/>	<b>City:</b> <input style="width: 90%;" type="text"/>
<b>Contact Last Name:</b> <input style="width: 90%;" type="text"/>	<b>State:</b> <span style="border: 1px solid #ccc; padding: 2px;">Select</span> ▼
	<b>Zip/Postal Code:</b> <input style="width: 80%;" type="text"/>
	<b>Country:</b> <span style="border: 1px solid #ccc; padding: 2px;">United States</span> ▼



### 5.3 Coverage Information Page

- a. The next two pages are called the 'Coverage Information' pages. This is where you will provide information regarding all coverages that the employee was enrolled for.
- b. The coverages displayed are limited to the coverages your company offers.

1. [Getting Started](#) >> 2. [Participant Information](#) >> 3. **Coverage Information** >> 4. [Informant/Beneficiary](#) >> 5. [Review/Edit](#) >> 6. [Submit Claim](#)

**Select enrolled coverages that are being claimed**

Group Universal Life Accidental Dismemberment (Employee)     Group Universal Life Term Accidental Dismemberment (Employee)

**Did the employee elect an increase in coverage within the last 2 years?**     Yes     No

**Claim Kit**

**Do you want a claim kit to be automatically sent to the beneficiary?**     Yes     No

[finish later](#)    [back](#)    [next](#)

**Note:** For a Dismemberment claim, the Coverage Amount is a percentage of the Full Amount of Insurance the employee enrolled for. The Group Life Claims department will determine the AD&D Benefit amount the claimant will receive.

- c. If the "Coverage Structure" is the same for all the coverages, click the "Apply this structure to all coverages" link after making the selections for the first coverage and the same structure will be populated for the rest of the coverages. It is important that the correct structure be selected as this is used for claim processing and financial reporting

**Basic Life**

**Coverage Amount:** \$     **Option Description:** Flat Amount

**Effective Date of Coverage for Amount Claimed:**  /  /     **Is the date coverage ended the same as date of loss?**  Yes     No

**Coverage Structure:**     [Apply this structure to all coverages](#)

Select Report

Select Sub Code

Select Branch

- e. If the Option Description is **Flat Amount** (i.e., \$5,000), the following fields will be displayed. If the coverage is a percent of another coverage, please do not use Flat Amount. Select 'Percent of Coverage'.

The screenshot shows the 'Basic Life' form. At the top, 'Coverage Amount' is a text input with a dollar sign and a question mark icon. 'Option Description' is a dropdown menu currently set to 'Flat Amount'. Below this, there are two date fields: 'Effective Date of Coverage for Amount Claimed' (mm/dd/yyyy) and 'Is the date coverage ended the same as date of loss?' with 'Yes' and 'No' radio buttons. A 'Coverage Structure' section includes an 'Apply this structure to all coverages' button and three dropdown menus: 'Select Report', 'Select Sub Code', and 'Select Branch'.

- f. If the Option Description is **Percentage of Coverage**, the following fields will be displayed. (If percentage is 25% of Basic Life, and the Basic Life is \$30,000.00, the *Calculation Base* will be \$30,000.00.), the following fields will be displayed. This is commonly used for AD&D and Dependent coverages.

The screenshot shows the 'Basic Life' form with 'Option Description' set to 'Percent of Coverage', indicated by a red arrow. The form includes 'Coverage Amount' and 'Calc. Base Amount' (Calculation Base) fields, both with dollar signs and question mark icons. A 'Coverage' dropdown menu is open, showing a list of options: Basic Life, Dependent AD&D, Dependent Life, Group Universal Life, Optional AD&D, Optional Dependent Life, Optional Life, Personal AD&D, Total Employee's Insurance Amt., and Voluntary AD&D. The other fields and sections are identical to the previous screenshot.

- g. If the Option Description is **Multiple of Salary**, (i.e., If multiple is 2 times the base annual earnings, and the annual earnings are \$30,000.00, the calculation base will be \$30,000.00.), the following fields will be displayed.

The screenshot shows the 'Basic Life' form with 'Option Description' set to 'Multiple of Salary', indicated by a red arrow. The form includes 'Coverage Amount' and 'Calc. Base Amount' (Calculation Base) fields, both with dollar signs and question mark icons. A 'Salary Modifier' dropdown menu is open, showing a list of options: Base Salary, Basic Annual Earnings, and Salary. The other fields and sections are identical to the previous screenshots.

## 5.4 Informant/Beneficiary Information Page

On this page you will be asked to provide Informant Information (i.e., information about the person or entity that reported the claim).

- Choose “Yes” in the Informant Information section if you have informant details or would like to provide comments, (i.e., additional information about the beneficiary designation, instructions for the claimant, or additional comments).

The screenshot shows a web interface for a Life Claim. At the top right, there is a 'LIFE' tab. Below it, the title 'Life Claim' is displayed. To the right of the title, the policy number 'Acme Corporation (0000001)' is shown. A progress bar at the top indicates the current step: 1. Getting Started, 2. Participant Information, 3. Coverage Information, 4. Informant/Beneficiary (highlighted), 5. Review/Edit, and 6. Submit Claim. The main content area is divided into two sections: 'Informant Information' and 'Beneficiary Information'. The 'Informant Information' section contains a paragraph of instructions and a question: 'Do you have informant details or do you want to provide comments?' with radio buttons for 'Yes' and 'No'. The 'Beneficiary Information' section contains a paragraph of instructions, a list of conditions for which the answer should be 'no', and a question: 'Do you have a completed designation?' with radio buttons for 'Yes' and 'No'. At the bottom of the page, there are three buttons: 'finish later', 'back', and 'next'.

**Life Claim** LIFE

**Acme Corporation (0000001)**

1. [Getting Started](#) >> 2. [Participant Information](#) >> 3. [Coverage Information](#) >> 4. **Informant/Beneficiary** >> 5. [Review/Edit](#) >> 6. [Submit Claim](#)

**Informant Information**

Complete the Informant Information section on the next page if you have details about the person or entity that initially provided information about this claim, such as their name, address, phone number, relationship to the insured, etc., and/or, if you want to provide comments associated with this claim. Choose "Yes" if you have obtained some or all of the informant information, or if you only want to provide comments.

**Do you have informant details or do you want to provide comments?**  Yes  No

**Beneficiary Information**

The next section should be completed using the beneficiary designation completed and signed by the insured. "Signed" means an ink or electronic signature.

Answer "no" and mail the designation to MetLife, PO Box 3016, Utica, NY 13504 if the designation indicates any of the following:

- Not signed at all
- Signed by anyone other than the insured, such as Power of Attorney, guardian or conservator, trustee or owner/assignee
- Signed in accordance with a court order such as a divorce decree
- A designation that is unclear, such as one where the beneficiary is listed as John Smith and/or Andy Smith

**Do you have a completed designation?**  Yes  No

[finish later](#) [back](#) [next](#)

## 5.5 Informant Information Section

- Provide details about the person or entity that reported the claim:
  - Select “Yes” in the “Do you have informant details?” dropdown to expose the section.
  - If some or all of this information is available, it is recommended to provide as much information as possible, as it will help with the processing of the claim. Alternatively, if you don’t have this information, you may skip over the informant fields.

### **IMPORTANT:**

1. Before choosing “email” as the preferred contact method or recording a recipient’s email address, please ensure you have received permission for MetLife to communicate with the recipient by email.

- Changing the Country field to something other than United States, Puerto Rico or United States Minor Outlying Islands, changes the format of the Phone Number capture field to allow for a string of consecutive (International phone) numbers, up to 16 digits long.

**Time Saver:** Select country first

- Select “Yes” in the Do you want to provide comments?” dropdown to expose the section and input detail pertinent to processing the claim, if applicable.
- The ‘Comments’ box is free-form and is not meant to replace existing fields that should be completed for the MetLink submission. User-provided comments should be considered supplemental information. The maximum comment size is 256 characters.

**Informant Information**

**Do you have informant details?** Yes ▼

<p><b>Relationship to insured:</b> Child ▼</p> <p><b>First Name:</b> <input type="text"/></p> <p><b>Middle Initial:</b> <input type="text"/></p> <p><b>Last Name:</b> <input type="text"/></p> <p><b>Email:</b> <input type="text"/></p> <p><b>Preferred Contact Method:</b> Email ▼</p> <p><input type="checkbox"/> Is Informant a Beneficiary?</p>	<p><b>Address1:</b> <input type="text"/></p> <p><b>Address2:</b> <input type="text"/></p> <p><b>City:</b> <input type="text"/></p> <p><b>State:</b> <input type="text" value="State"/></p> <p><b>Zip/Postal Code:</b> <input type="text"/></p> <p><b>Country:</b> United States ▼</p> <p><b>Phone Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> ext. <input type="text"/></p> <p><b>Mobile Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><small>(Select a non-US Country to enter an Int'l Phone Number)</small></p>
--	--

**Do you want to provide comments?** yes ▼

**Comments:** (256 character limit)  
Please use this section to briefly document any other relevant and pertinent information needed to process this claim. Additionally, if 'Other' was chosen as "Relationship to Insured," please provide relationship details below. Comments entered will become a permanent part of the claim record.

## 5.6 Review/Edit Page

- a. This page displays the information you've already entered and allows you to edit the fields in each section. If any required information is missing or was entered incorrectly, the errors and incorrect fields will be listed in red at the top of the page. All errors need to be corrected before submission of the claim.
- b. Clicking 'edit' will take you back to the screen you wish to edit. At the bottom of the screen, you will have the option to 'finish later' if you would like to complete the claim at a later time or 'return back to the review/edit/submit' page after updating.

1. [Getting Started](#)
>> 2. [Participant Information](#)
>> 3. [Coverage Information](#)
>> 4. [Informant/Beneficiary](#)
5. [Review/Edit](#)
>> 6. [Submit Claim](#)

Review your information for accuracy, click the edit button(s) to make any changes. Click the **next** button to continue your claim submission. next ▶

### Employee Information

<b>First Name:</b> <b>Middle Initial:</b> <b>Last Name:</b> <b>Suffix:</b> <b>Gender:</b> <b>Date of Birth:</b>	<b>Address1:</b> <b>Address2:</b> <b>City:</b> <b>State:</b> <b>Zip/Postal Code:</b> <b>Country:</b>
<b>Date of Death:</b> 10/10/2018	

### Employment Information

<b>Employee Type:</b> Salaried	<b>Date of Hire:</b> 01/01/1992
<b>Employee Status:</b> Active Employee	
<b>On what date was the employee last physically at work?</b> 10/09/2018	<b>Reason for Stopping:</b> death
<b>Date premium payments for employee stopped?</b> 10/10/2018	
<b>Was the employer-employee relationship terminated prior to the claims?</b> No	<b>If Yes, reason:</b>
<b>Base Annual Earnings:</b> \$200,000 <small>Please enter Base Annual Earnings if benefit is based on salary.</small>	<b>Base Annual Earnings Effective Date:</b> 01/01/2018

edit

## 5.7 Submit Claim Page

- a. During the last step, you will be required to reconfirm your password, before clicking the 'Submit' link
- b. This step acts as your 'Electronic Signature' and acknowledges your understanding of and agreement with the Terms and Conditions outlined on the page.
- c. Once submitted, Please upload, mail or fax supporting documentation (see [Section 8.0 Required Forms](#)), to the MetLife Group Life Claims Office as listed below.
- d. MetLife will need the last 2 years of enrollment history for any contributory coverage

**Note:** Your confirmation number is also your claim number.

**Life Claim** **Acme Corporation (0000001)**

1. [Getting Started](#) >> 2. [Participant Information](#) >> 3. [Coverage Information](#) >> 4. [Informant/Beneficiary](#) >> 5. [Review/Edit](#) >> 6. **Submit Claim**

**Electronic Signature**

I understand that by entering my password and clicking on the "Submit" button I am signing and submitting the Employer's Statement for this claim to Metropolitan Life Insurance Company. This is a legally binding electronic signature.

I acknowledge that the information provided for this claim is true and correct. This information will be used in the review and evaluation of the claim. Additional documentation may be needed based on the review.

**Please Reconfirm Password:**

If you are experiencing difficulties with your password, please call us at 1-877-9METWEB.

Representatives are available Monday-Friday from 8:00 AM to 11:00 PM - EST

[finish later](#) [back](#) [submit](#)

### **Group Life Claims**

Fax Number: 1-570-558-8645

### **Standard Mail:**

Metropolitan Life Insurance Company  
Group Life Claims  
P.O. Box 6100  
Scranton, PA 18505

### **Overnight Mail:**

Metropolitan Life Insurance Company  
Group Life Claims  
10 E.D. Preate Drive  
Moosic, PA 18507

If you have questions about the claim forms and a recently submitted claim, contact the MetLife Group Life Claims department at 1-800-638-6420 (press prompts 2, 2)

## 6.0 FINISHING INCOMPLETE CLAIMS

6.1 An incomplete Employee or Dependent saved draft may be finished in one of two ways:

- Click on a hyperlinked 'Employee Name' from within the list of saved drafts (if any) located within the Saved Drafts 'dashboard' on the Life Claims Getting Started home page. The 'Saved Drafts' dashboard is located in the lower portion of the Getting Started page and displays all current incomplete saved drafts (if any) each time you first land on the page.
- Search for a specific 'Saved Draft' using the 'Search – Saved Drafts' function box located in the upper right corner of the Getting Started (or Claim Details) page. The Saved Draft search results will display in the same area as the Saved Drafts dashboard. Click on the hyperlinked 'Employee Name' from within the search results to view and complete the claim.

**Getting Started** Acme Corporation (0000001)

**Submit a Claim**

Claim Type:

Claim is for:

Employee SSN  Employee ID

\* Employee SSN:  -  -

\* Retype Employee SSN:  -  -

**Search**

Claims  Saved Drafts

Employee Last Name:

**NOTE:** To add supporting documentation to an existing claim, search for the claim above and then click the link to upload supporting documents.

**All Saved Drafts**

Item #	Employee Name	SSN/Employee ID	Claim Type	Creation Date	Dependent Name	Delete	Delete Reason
1	<a href="#">Smith, Tom</a>	XXX-XX-1234	Life	10/05/2008	Smith, Danny	<input type="checkbox"/>	<input type="text" value="Select"/>
2	<a href="#">Smith, Laura</a>	XXX-XX-1235	ABO	10/07/2008		<input type="checkbox"/>	<input type="text" value="Select"/>
3	<a href="#">Smith, Susan</a>	XXX-XX-1236	ADD	10/07/2008		<input type="checkbox"/>	<input type="text" value="Select"/>

### 6.2 Other Saved Draft Options

Within the Saved Drafts dashboard, or within the results page of a Saved Draft search, you also have other options.

- Review the saved draft by clicking the Employee Name link and scrolling to the pages that were already completed.
- Modify/Finish the saved draft by continuing to complete the rest of the saved draft and subsequently submitting it
- From the Saved Draft results list, delete the Saved Draft by either:
  - Clicking the corresponding 'Delete' checkbox and selecting a 'Delete Reason' from the drop down on the Saved Draft dashboard or results page, and clicking 'delete selected' button
    - Reasons to delete a draft may include: Claim Already Exists, Duplicate Draft, Keying Error, Training Draft, or other
  - Clicking the hyperlinked 'Employee Name' and clicking the 'Delete' button on any page within the saved draft itself, and following the online instructions

## 7.0 LIFE CLAIM SEARCH (CLAIM INQUIRY)

7.1 All three types of claims for Employees and Dependents (Life, Accelerated Benefits Option [ABO] and Accidental Death and Dismemberment), regardless of how they were originally submitted (i.e., via paper, by phone or online) can be searched

- a. Employee SSN (9 digits, no special characters)
- b. Claim # (11 digits, no special characters)
- c. Employee ID (9 digits, no special characters)
- d. Employee Last Name (2 to 25 characters, no special characters)\*

**\*Note:**

- Employee Last Name claim searches are limited to all Open claims and only Closed claims that have been closed within the past year of the current date. All other claim search parameters (Employee SSN, Claim # and Employee ID) return all Open and all Closed claims, regardless of when they were opened or closed.
- Last Name searches will produce up to 100 records per page with pagination links.
- If more than 100 records are returned on an Employee Last Name search, the records will be sorted by Last Name, First Name
- As such, when searching for existing claims, it is recommended that Employee SSN, Claim # and Employee ID search parameters are used before using the Last Name search parameter.

7.2 Claim Details Page can be accessed by clicking on the hyperlinked Claim # on the Claim Search results page and includes:

- a. Employee Details section includes information about the employee/dependent and the claim including:
  - Employee Name
  - Employee SSN (masked) and Employee ID
  - Dependent Name
  - Claim #
- b. Search Claims and Search Saved Drafts functions, located in the upper right corner of the page
- c. Claim Details section located in the lower portion of the page which allows you to view the following Claim Details(see screenshots below):
  - Overall Status (If Status = Open, "Reason" text will display as to why)
  - Claim Coverage Status
  - Benefit Amount
  - Amount Paid
  - Claim Status
  - Balance
  - Beneficiary Information, including
    - Beneficiary Name
    - Benefit Amount
    - Payment Amount
    - Paid Date
    - Payment Status
    - Pending Reason (only if 'Payment Status' = Pending)
    - Payment Method
    - Mailed to



Submit a Claim

Claim Type:

Claim is for:

Employee SSN  Employee ID

\*Employee SSN:  -  -

\*Retype Employee SSN:  -  -

go

Search

Claims  Saved Drafts

Employee Last Name

go

**NOTE:** To add supporting documentation to an existing claim, search for the claim above and then click the link to upload supporting documents.

<< Prev | Page: 1 | Next >>

Current Claims

Page Results 1 of 2

Employee Name	SSN/ Employee ID	Claim #	Dependent Name	Submission Date	Claim Status
Flack, Abe	XXX-XX-1234	<a href="#">0000987654321</a>		10/15/2008	Open
Flack, Alex	XXX-XX-1234	<a href="#">0000987654321</a>		1/22/2008	Closed
Flack, Beth	XXX-XX-1234	<a href="#">0000987654321</a>	Flack, Danny	10/28/2008	Open
Flack, Brian	VVV-VV-1234	<a href="#">0000987654321</a>		1/12/2008	Open

Employee Details

Employee Name: Abe Flack  
 Employee SSN: xxx-xx-1234  
 Dependent Name: Employee ID: 34567890  
 Claim #: 0000987654321

Search

Claims  Saved Drafts

Employee Last Name

go

back

To upload supporting documentation to this claim please click the Upload Files link below.

Upload File

Status: OPEN

Coverage: Basic Life

Benefit Amount: \$150,000  
 Amount Paid: \$75,000  
 Claim Status: Approved  
 Balance: \$75,000

Beneficiary Information

Beneficiary Name: Samantha Flack  
 Benefit Amount: Payment Status: Pending  
 Reason Pending: The following documents were requested on 11/01/2012: Claimant Statement, Death Certificate  
 Payment Amount: Payment Method:  
 Paid Date: Mailed To:

---

Beneficiary Name: Patrick Flack  
 Benefit Amount: \$37,500  
 Payment Status: Paid  
 Payment Amount: \$37,500  
 Payment Method: Multiple Disbursement  
 Paid Date: 01/23/2008  
 Mailed To: Beneficiary

## MetLink Life Claims

### Claim Details Page - Field and Data Descriptions/Explanations

Overall Status	Displayed on MetLink as	Comments
<b>Status:</b>		
	<b>OPEN</b>	Overall status of claim is OPEN meaning one or more coverage claims for this claim is/are still being processed
	<b>CLOSED</b>	Overall status of claims is CLOSED meaning all coverage claims for this claim have been processed
Coverage Section	Displayed on MetLink as	Comments
<b>Coverage:</b>		
	<Variable>	Displays the name of the specific coverage the claim is for
<b>Benefit Amount:</b>		
	<Variable>	Displays the total amount of the benefit to be paid for the overall specific coverage claim
<b>Amount Paid:</b>		
	<Variable>	Displays the amount of coverage claim benefit paid so far (depending on status of claim and beneficiary payments processed or yet to be processed)
<b>Claim Status:</b>		
	<b>Approved</b>	Coverage claim has been processed and approved
	<b>Credit Back</b>	Payment has been credited back (reversed), or portion thereof, that was previously issued to a specific beneficiary
	<b>Denied-Notice Sent</b>	Coverage claim has been denied and a notice has been sent to the employee or beneficiary informing them of the status along with an explanation.
	<b>Pending</b>	Coverage claim is awaiting further review/consideration/action
<b>Balance:</b>		
	<Variable>	Displays the balance of the coverage claim payment based on status of claim and processed or unprocessed beneficiary payments

Coverage Section	Displayed on MetLink as	Comments
<b>Beneficiary Information</b>		
<b>Beneficiary Name:</b>		
	<Variable>	Displays the name of the specific named Beneficiary for this coverage claim
<b>Benefit Amount:</b>		
	<Variable>	Displays the amount of benefit available to the beneficiary
<b>Payment Amount:</b>		
	<Variable>	Displays the amount of benefit paid to the beneficiary once the coverage claim has been processed
<b>Paid Date:</b>		
	<Variable>	Displays the date the beneficiary payment was made
<b>Payment Status</b>		
	<b>Paid</b>	Payment has been made
	<b>Credit</b>	A credit has been applied to the coverage claim
	<b>Credit Reversal</b>	A reversal of the credit that was previously applied has been applied to the coverage claim
	<b>Pending</b>	Payment of the coverage claim is in process and/or awaiting further review/consideration/action
<b>Payment Method</b>		
	<b>Check</b>	Payment has been made by single check
	<b>Draft</b>	Under customer-specific agreement, the Customer has issued a check and utilizes MetLife to perform the accounting
	<b>Liability</b>	MetLife cannot locate the beneficiary (e.g., the Estate is not Probated, etc.), and places the funds in a Liability account. This is a precursor to 'escheatment'
	<b>Total Control Account</b>	Offers beneficiaries the flexibility to manage their life insurance proceeds in an easily-accessible, interest bearing MetLife account
	<b>Multiple Disbursement</b>	Portions of the claim coverage payment have been issued separately
<b>Mail To</b>		
	<b>Assignment</b>	Payment has been mailed to the entity to which Benefits were Assigned
	<b>Beneficiary</b>	Payment has been mailed to the approved claim coverage beneficiary
	<b>Employer</b>	Payment has been mailed to the employee's employer
	<b>Other</b>	Payment has been mailed to a party other than the employee or beneficiary, per a Customer Agreement

## **8.0 REQUIRED FORMS**

8.1 The following forms are required in order to process a standard Life Claim that is submitted through the MetLink Life Claims 'Submit a Claim' feature:

- a. Completed Claimant Statement
- b. Original Death Certificate (for a Life Claim only)
- c. The last two years of enrollment documentation for any contributory coverage must be submitted.
- d. The most recent Beneficiary Designation documents must be submitted before a claim can be paid (Life Claim only).
- e. If there are more than 10 beneficiaries designated, (only 10 can be submitted online), the beneficiary designation form must be sent to MetLife
- f. Most often additional documentation, such as accident reports, toxicology and/or autopsy, will be needed to review the accidental benefit. The request for additional documents is based on the circumstances of the incident and the applicable plan provisions.

8.2 The following additional documentation is needed if payments are to be made to Estates, Trusts, Minors:

- a. Estate
  - Certified estate papers and court appointment of the executor/administrator of the estate or small estate affidavit/summary of administration if applicable
  - Tax identification number for the estate
- b. Trust
  - A copy of the certification of the trust form
  - Tax identification number for the trust
- c. Trust Under the Last Will and Testament (Trust ULWT)
  - Certified estate papers or letters of Trusteeship issued by the court
  - A copy of the latest Will
  - Tax identification number for the trust
- d. Minor
  - Certificate from the court appointing a guardian of the minor's estate and/or property , OR
  - The funds can be held in a Minor on Deposit Account until the person reaches the age of majority in the state in which they reside in or guardianship papers for the minor's estate and/or property are received.

8.3 If there isn't a designated beneficiary on file with the record-keeper, benefits are paid in accordance with the plan provisions in the Summary Plan Description (SPD) or Certificate. The Group Life Claim office will require additional documentation and an Affidavit will be sent to the informant.

8.4 The following documentation is required for Dependent Life Claims

- a. Additional information may be required to verify a dependent's eligibility such as cases where the dependent is over the limiting age and is a full time student or is disabled

- 8.5 The following documents are required if there is a pre-deceased or post-deceased beneficiary
- a. In cases where a named beneficiary either died before or after the insured – a copy of the beneficiary’s death certificate is required. The claim office will determine what additional information is needed based on the circumstances
  - b. Enter the deceased beneficiary’s name in MetLink as ‘person’s name – deceased’
  - c. If there aren’t any surviving beneficiaries on file with the record-keeper, benefits are paid in accordance with the plan provisions in the Summary Plan Description (SPD) or Certificate. The Group Life Claim office will require additional documentation and an Affidavit will be sent to the informant.
- 8.6 The following documentation is required for Personal Accidental Insurance Benefits
- a. Most often additional documentation will be needed to review the PAI benefit. The request for additional documents is based on the circumstances of the incident and the applicable plan provisions
  - b. Accident reports, toxicology and autopsy for review are required
- 8.7 The following documentation is required for Personal Accidental Dismemberment Claims
- a. The accidental dismemberment claim form should be completed
  - b. Additional information may be required depending on the type and circumstances of loss
- 8.8 Upload, mail or fax the death certificate, claimant statement and all required documents to:

**Group Life Claims**

Fax Number: 1-570-558-8645

**Standard Mail:**

Metropolitan Life Insurance Company  
Group Life Claims  
P.O. Box 6100  
Scranton, PA 18505

**Overnight Mail:**

Metropolitan Life Insurance Company  
Group Life Claims  
10 E.D. Preate Drive  
Moosic, PA 18507

If you have questions about the claim forms and a recently submitted claim, contact the MetLife Group Life Claims department at 1-800-638-6420, prompt 2.

## **9.0 FREQUENTLY ASKED QUESTIONS (FAQS)**

### **9.1 Who can submit a Life Claim online?**

An authorized registered user of MetLink who is authorized to submit Life Claims for the group policyholder can submit an online Life Claim.

### **9.2 How can I obtain access to the Life Claims site?**

Access to the site can be requested by contacting your MetLife Client Services Consultant

### **9.3 What types of Life Claims can be submitted online?**

There are three types of claims that can be submitted online: Life, Accelerated Benefits Option (ABO) and Accidental Dismemberment

### **9.4 How long does it take to process a claim online and for a claimant to receive their payment?**

MetLife processes claims within 5 business days of receipt of:

- Completed Claimant Form, and
- Certified Death Certificate showing cause and manner of death (for Life claim only), and
- All necessary information/documentation

MetLife reserves the right to request additional documentation as required.

### **9.5 What are the steps to be taken when a beneficiary designation is questionable?**

Add a comment on the Informant Screen that the beneficiary information is forthcoming. Contact the MetLife Group Life Claims office at 1-800-638-6420, prompt 2 for any questions concerning the designation. If unresolved, complete all sections, but the beneficiary information section on MetLink. Upload, mail, fax the questionable beneficiary designation to the MetLife Group Life Claims office with a cover letter and the latest Beneficiary Designation you have on record.

### **9.6 If an incorrect Social Security Number is entered into MetLink and saved as a draft, what is the process to correct the information on the claim?**

The Saved Draft should be deleted and resubmitted in MetLink using the correct Social Security Number.

### **9.7 Who can I contact for technical assistance regarding security access, user setup or problems with the MetLink Life Claims site?**

Contact MetLife at 1-877-9MetWeb (1-877-963-8932).

Representatives are available Monday through Friday from 8:00 am – 11:00 pm ET

## **10.0 GLOSSARY OF TERMS**

### **Assignment**

An assignment is the irrevocable transfer by an assignor (the insured) of all right, title, interest, and incidents of ownership, both present and future, related to the assigned coverage, to an assignor who can be a person or entity such as a trust. As part of the transfer of ownership the insured gives up many rights such as the ability to name a beneficiary on the assigned policy. This includes Absolute and Viatical Assignments.

### **Beneficiary**

The person(s) named in the Policy to receive the life insurance proceeds upon the death of the Insured.

### **Calculation Base Amount**

If the coverage election is multiple of salary, this is the amount used for the calculation of coverage amount. *Example:* If multiple is 2 times base annual earnings, and the annual earnings are \$30,000.00 the *Calculation Base* will be \$30,000.00.

If the coverage election is percentage, this is the amount used for the calculation of coverage amount.

*Example:* If percentage is 25% of base annual earnings, and the annual earnings are \$30,000.00 the *Calculation Base* will be \$30,000.00.

For a Dismemberment claim, the Coverage Amount is a percentage of the Full Amount of Insurance the employee enrolled for. The Group Life Claims department will determine the AD&D Benefit amount the claimant will receive.

### **Coverage Structure**

Use these dropdown menus to indicate the appropriate Group, Sub and Branch values for this particular coverage for this employee. Coverage structure is used to identify the plan that the employee is enrolled in. The structure needs to be accurately selected as it drives the accuracy of the payment. Only select Life Insurance Structure.

### **Date Employee was Last Physically at Worked**

If the employee is still active, date is the last physical date in the office, if employee is retired, then date of retirement. Employment Status Effective Date is used for all statuses.

### **Informant**

Any person or entity providing initial notification of the death of the insured.

### **Salary Modifier**

This is the type of compensation the Calculation Base Amount represents. Compensation that is used for the Calculation Base Amount factor (i.e., Base Salary, Base Annual Earnings and Salary).

### **Survivor Income Benefit**

Survivor Income Benefit Insurance is Group Life Insurance paid in monthly installments. Usually the payee is the surviving spouse of the insured.

### **Viatical Assignment**

An agreement by which the owner of a life insurance policy covering a person (as the owner) with a catastrophic or life-threatening illness receives compensation for less than the expected death benefit of the policy in return for an assignment, transfer, sale, devise, or bequest of the death benefit or ownership of the policy to the other party (as a company specializing in such transactions)

## **11.0 SUPPORT: HOURS OF OPERATION**

### **General Website**

MetLink general portal functionality (i.e. Demo; Resources; Forms; Legislative Releases; Profile; etc.) is available 24x7 for customer access.

The hours shown below represent the normal operating hours of all other MetLink features except for the Life Claims Submission\*. However, it does not include scheduled feature maintenance. Scheduled feature maintenance dates and times are posted on the bulletin area of the MetLink home page.

- Monday through Friday: 7:00 AM – 9:00 PM ET
- Saturday: 7:00 AM – 4:00 PM ET
- Sunday: 12:00 PM – 5:00 PM ET

### **Call Center Support**

For general questions regarding MetLink and the Life Claims feature, live customer support is available by calling 1-877-9MET-WEB (1-877-963-8932) from:

- Monday through Friday, 8 AM – 11 PM ET

### **\*MetLink 'Life Claims' Website Hours of Operation**

- Monday through Friday: 7:00 AM – 10:00 PM ET
- Saturday: 7:00 AM – 06:00 PM ET
- Sunday: 7:00 AM – 06:00 PM ET

### **Group Life Claims Office**

To inquire on a specific claim or for claim related questions, call:

MetLife Group Life Claims Office: 1-800-638-6420 (press prompts 2, 2)

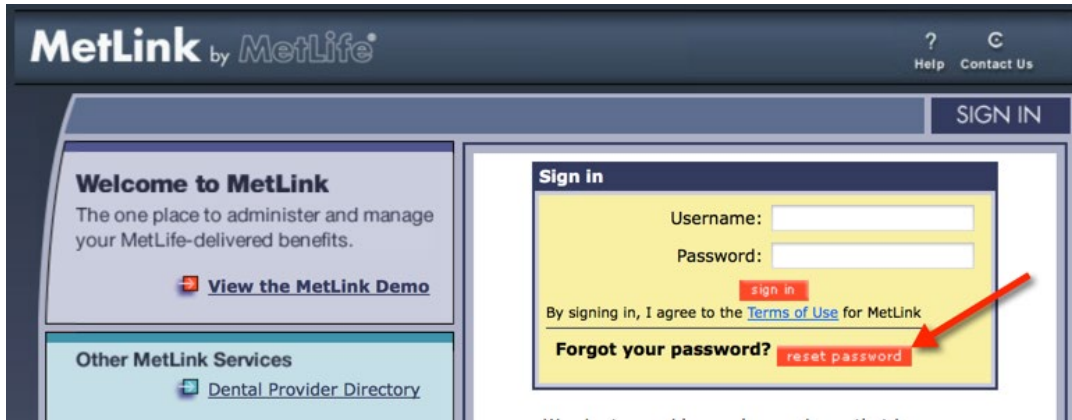
- Monday through Thursday: 8:00 AM – 08:00 PM ET
- Friday: 8:00 AM – 05:00 PM ET



## 12.0 APPENDIX: PASSWORD RESET

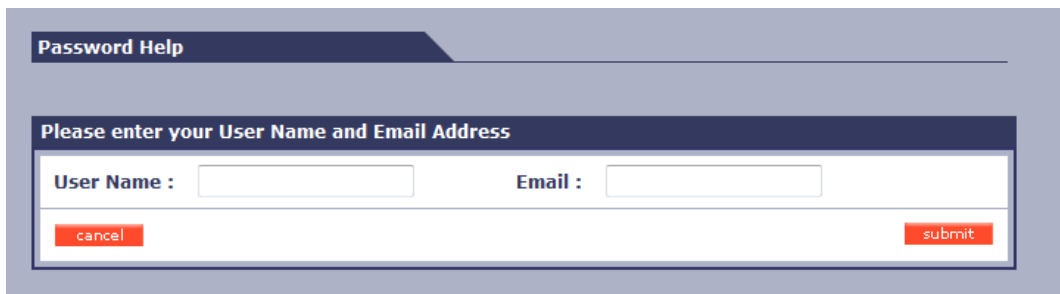
Forgot your password?

Click on the 'reset password' button.



Enter your User Name and Email.

Click the 'submit' button.

A screenshot of the 'Password Help' form. The form has a title bar 'Password Help' and a subtitle 'Please enter your User Name and Email Address'. It contains two input fields: 'User Name : ' and 'Email : '. Below the input fields are two buttons: 'cancel' and 'submit'.

Answer Identity Verification Questions.

Click the 'submit' button

A screenshot of the 'Identity Verification Questions' form. The form has a title bar 'Identity Verification Questions' and a subtitle 'Answer the Two Questions Below to Verify Your Identity With MetLink'. It contains two questions: 'Mother's maiden name?' and 'City where you were born?'. Each question has a corresponding input field with a masked password character. Below the input fields are two buttons: 'cancel' and 'submit'.

Note: If you forgot the answers to your challenge questions, please call 1-877-9METWEB for assistance.

**Identity Verification Questions**

**! We're sorry, the answers you have provided do not match what is in our records. Please call 877-9METWEB (877-963-8932) for further assistance.**

**Answer the Two Questions Below to Verify Your Identity With MetLink**

If you forget your Password, we can confirm your identity through two verification questions to which only you know the answer.

City where you were born?

Mother's maiden name?

Enter your new password into the 'Create New Password' and 'Re-enter New Password' fields.

Click the 'submit' button.

**Welcome,**

**Create a New Password**

**Password Tips:**

Don't write your Password down anywhere. Make sure that you do not use a word that can be easily associated with you, or numbers in a series. Passwords are case-sensitive and can't be the same as your User Name.

You cannot reuse any of your previous 12 passwords.

Create New Password :

Your password must be a combination of 6 to 20 alphanumeric characters (composed of letters and numbers only) and contain at least one letter and one number.

Re-enter New Password :