MetLink Customer User Guide

MetLife

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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.
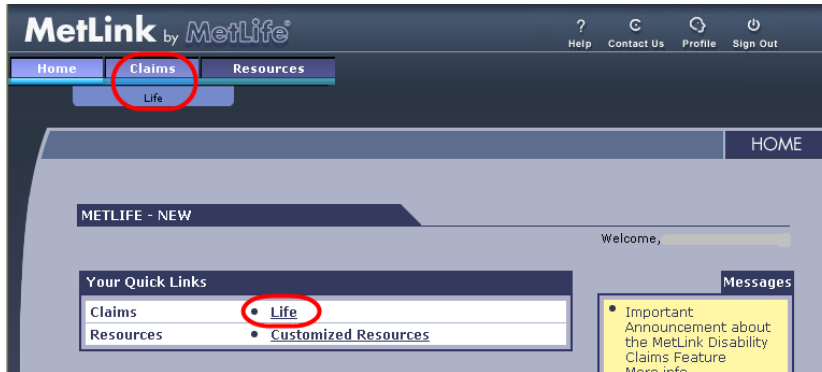
2.0   GETTING STARTED

2.1 To sign in to MetLink:
   a.   Visit https://portal.metlink.com/MetLinkPortal/
   b.   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:
   a.   Click on the Life link in the Your Quick Links section
   b.   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 . . .
   a.   Submit a Claim (Claim Intake)
   b.   Search for Claims and obtain Claim Status (Claim Inquiry)
   c.   View all current 'Saved Drafts' (if any) via the Saved Drafts 'dashboard'
   d.   Search for and complete or modify incomplete claims that were previously saved as a 'Saved Draft'
   e.   Delete Saved Drafts
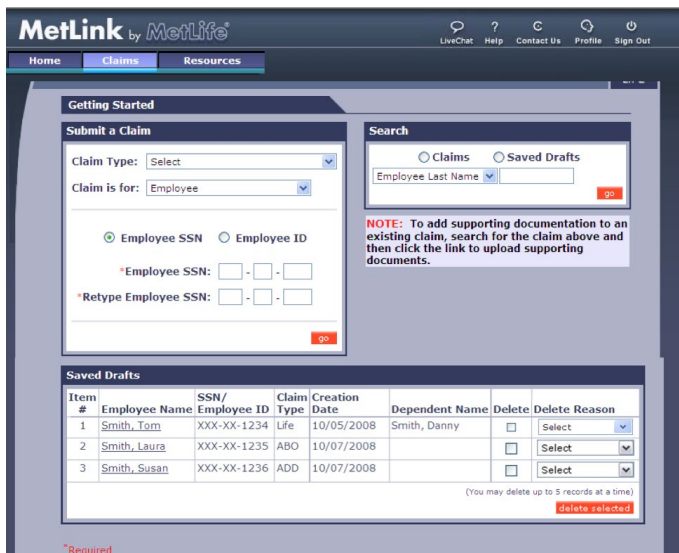
3.0 SUBMITTING A (NEW) LIFE CLAIM (CLAIM INTAKE)

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

a. 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.)

b. 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.

c. 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).

d. 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.

e. 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.

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

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'.

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.

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.

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.*

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

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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)

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:**   **Overnight Mail:**
> Metropolitan Life Insurance Company   Metropolitan Life Insurance Company
> Group Life Claims   Group Life Claims
> P.O. Box 6100   10 E.D. Preate Drive
> Scranton, PA 18505   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.

- 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'.

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

- 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 ▾
Estate Name:	
Executor/ Administrator:	

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

Beneficiary Designation

Select Beneficiary Type:	Charity ⇕
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
☐	Basic Life	◯ Primary ◯ Contingent	[ ] %
☐	Optional Life	◯ Primary ◯ Contingent	[ ] %
☐	Business Travel Accident	◯ Primary ◯ Contingent	[ ] %
☐	Optional Accidental Death and Dismemberment	◯ Primary ◯ Contingent	[ ] %

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.

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.

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.

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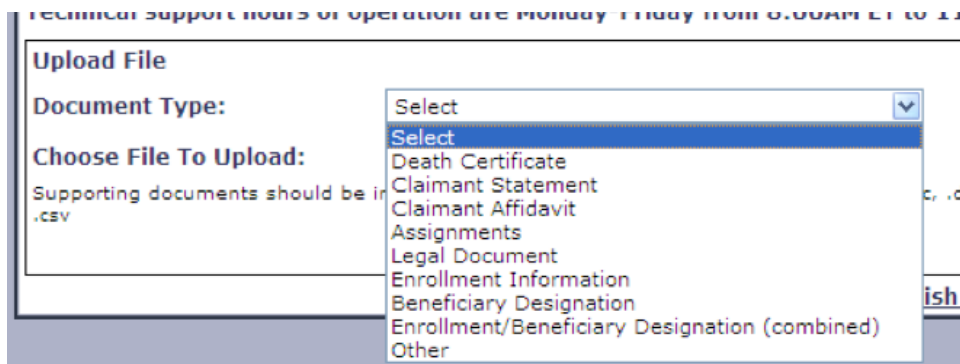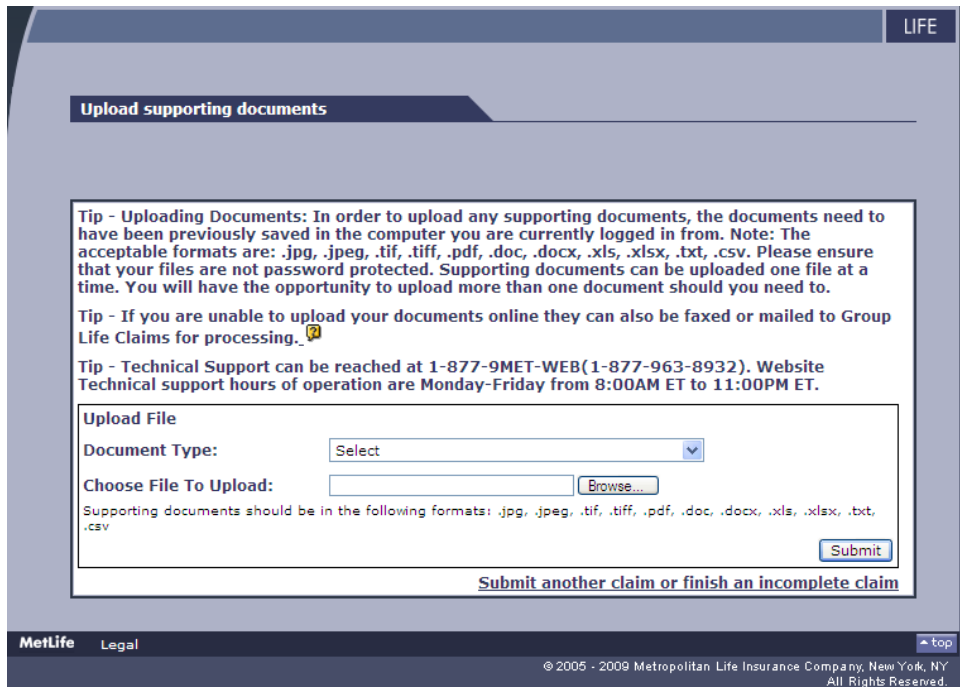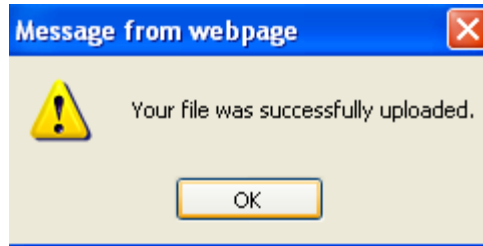
- Supporting documentation can also be uploaded after the claim is submitted by navigating back to the Life Claims application and by searching for the claim you submitted. Click on the claim submitted and the claim will display with the orange link to upload your files.

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

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:

      a.　Select the Claim Type Accelerated Benefits Option (ABO) from the drop down menu within the 'Submit a Claim' function box

      b.　Select 'Employee' or 'Dependent' from the drop down menu within the 'Claim is for:' function box.

      c.　If the claim is for a Dependent, enter the Dependent's SSN (if available) in the field provided.

      d.　Choose either the Employee SSN or Employee ID radio button and enter the accurate value in the fields provided, then click the 'go' button.

4.2   Participant Information Page

    a. 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.)

    b. 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.

    c. 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).

    d. 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.)

    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 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.

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

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'.

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.

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.

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).

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)

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.

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.

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.

5.2 Participant Information Page

a. 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.)

b. 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.

c. 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).

d. Type of loss include limb amputation, loss of vision, paralysis, loss of speech, or loss of hearing.

Accidental Dismemberment Claim

| 1. Getting Started | » | ❷ Participant Information | » | 3. Coverage Information | » | 4. Informant/ Beneficiary | » | 5. Review/ Edit | » | 6. Submit Claim |

Employee Information

First Name:	[ ]	Address1:	[ ]
Middle Initial:	[ ]	Address2:	[ ]
Last Name:	[ ]	City:	[ ]
Suffix:	Select ▾	State:	Select ▾
Gender:	○ Male ○ Female	Zip/Postal Code:	[ ]
Date of Birth:	[ ]/[ ]/[ ] mm dd yyyy	Country:	United States ▾
Date of Loss:	[ ]/[ ]/[ ] mm dd yyyy	Type of Loss:	Select ▾

Employment Information

| Employee Type: | Select ▾ | Date of Hire: | [ ]/[ ]/[   ] mm dd yyyy |

Employee Status: Select ▾

| On what date was the employee last physically at work? | [ ]/[ ]/[   ] mm dd yyyy | Reason for Stopping: | [   ] |

| Date premium payments for employee stopped? | [ ]/[ ]/[   ] mm dd yyyy |

| Was the employer-employee relationship terminated prior to the claims? | ○ Yes ○ No | If Yes, reason: | [   ] |

| Base Annual Earnings: Please enter Base Annual Earnings if benefit is based on salary. | $[   ] | Base Annual Earnings Effective Date: | [ ]/[ ]/[   ] 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**

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

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.

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

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'.

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.

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.

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).

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

Relationship to insured:	Child	Address1:
First Name:		Address2:
Middle Initial:		City:
Last Name:		State:
Email:		Zip/Postal Code:
Preferred Contact Method:	Email	Country: United States
☐ Is Informant a Beneficiary?		Phone Number: ___ ext. ___
		Mobile Number: ___
		(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.

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.

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.

Group Life Claims
Fax Number: 1-570-558-8645

Standard Mail:	**Overnight Mail:**
Metropolitan Life Insurance Company	Metropolitan Life Insurance Company
Group Life Claims	Group Life Claims
P.O. Box 6100	10 E.D. Preate Drive
Scranton, PA 18505	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:
   a. 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 (f any) each time you first land on the page.
   b. 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.

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.

   a. Review the saved draft by clicking the Employee Name link and scrolling to the pages that were already completed.
   b. Modify/Finish the saved draft by continuing to complete the rest of the saved draft and subsequently submitting it
   c. 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
         o 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

Getting Started

Acme

Submit a Claim

Claim Type: Select ▼

Claim is for: Employee ▼

◉ 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** 2 | 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	0000987654321		10/15/2008	Open
Flack, Alex	XXX-XX-1234	0000987654321		1/22/2008	Closed
Flack, Beth	XXX-XX-1234	0000987654321	Flack, Danny	10/28/2008	Open
Flack, Brian	XXX-XX-1234	0000987654321		1/12/2008	Open

Employee Details

Employee Name: Abe Flack

Dependent Name:

Employee SSN: xxx-xx-1234

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	**Claim Status:**	Approved
Amount Paid:	$75,000	**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
Status:		
	OPEN	Overall status of claim is OPEN meaning one or more coverage claims for this claim is/are still being processed
	CLOSED	Overall status of claims is CLOSED meaning all coverage claims for this claim have been processed

Coverage Section	Displayed on MetLink as	Comments
Coverage:		
	<Variable>	Displays the name of the specfic coverage the claim is for
Benefit Amount:		
	<Variable>	Displays the total amount of the benefit to be paid for the overall specific coverage claim
Amount Paid:		
	<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)
Claim Status:		
	Approved	Coverage claim has been processed and approved
	Credit Back	Payment has been credited back (reversed), or portion thereof, that was previously issued to a specific beneficiary
	Denied–Notice Sent	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.
	Pending	Coverage claim is awaiting further review/consideration/action
Balance:		
	<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
Beneficiary Information		
Beneficiary Name:		
	<Variable>	Displays the name of the specific named Beneficiary for this coverage claim
Benefit Amount:		
	<Variable>	Displays the amount of benefit available to the beneficiary
Payment Amount:		
	<Variable>	Displays the amount of benefit paid to the beneficiary once the coverage claim has been processed
Paid Date:		
	<Variable>	Displays the date the beneficiary payment was made
Payment Status		
	Paid	Payment has been made
	Credit	A credit has been applied to the coverage claim
	Credit Reversal	A reversal of the credit that was previously applied has been applied to the coverage claim
	Pending	Payment of the coverage claim is in process and/or awaiting further review/consideration/action
Payment Method		
	Check	Payment has been made by single check
	Draft	Under customer-specific agreement, the Customer has issued a check and utilizes MetLife to perform the accounting
	Liability	MetLife cannot locate the beneficiary (e.g., the Estate is not Probated, etc.), and places the funds in a Liability acccount. This is a precursor to 'escheetment'
	Total Control Account	Offers beneficiaries the flexibility to manage their life insurance proceeds in an easily-accessible, interest bearing MetLife account
	Multiple Disbursement	Portions of the claim coverage payment have been issued separately
Mail To		
	Assignment	Payment has been mailed to the entity to which Benefits were Assigned
	Beneficiary	Payment has been mailed to the approved claim coverage beneficiary
	Employer	Payment has been mailed to the employee's employer
	Other	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:	**Overnight Mail:**
Metropolitan Life Insurance Company	Metropolitan Life Insurance Company
Group Life Claims	Group Life Claims
P.O. Box 6100	10 E.D. Preate Drive
Scranton, PA 18505	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 <u>GLOSSARY OF TERMS</u>

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 <u>SUPPORT: HOURS OF OPERATION</u>

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:

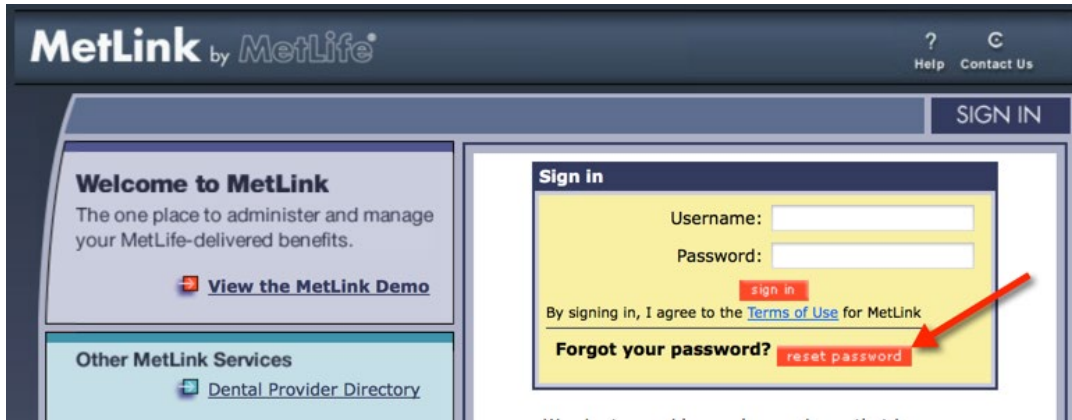MetLife Group Life Claims Office: 1-800-638-6420 (press prompts 2, 2)

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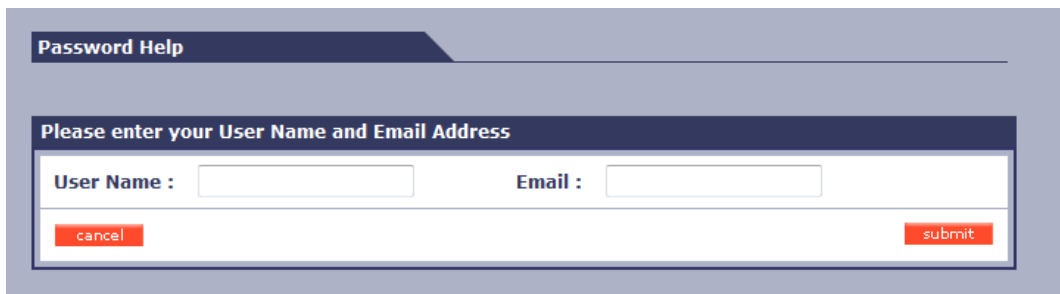- Friday: 8:00 AM – 05:00 PM ET

12.0 APPENDIX: PASSWORD RESET

Forgot your password?

Click on the 'reset password' button.

Enter your User Name and Email.

Click the 'submit' button.

Answer Identity Verification Questions.

Click the 'submit' button

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

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

Click the 'submit' button.