

Where to start and what's next

A helpful overview of your short term disability (STD) and absence claims process.



Before even starting your leave, here's the most important thing to know: you're not alone.

Whether you work in an office, remotely, or on the go, we're here to support you at every step.



1 - Plan your leave



2 - Start your leave



3 - Manage your leave



4 - Return to work



FAQs



Do more digitally: manage your disability claim on [metlife.com/mybenefits](https://www.metlife.com/mybenefits)

Need extra assistance? Call (833) 622-0135

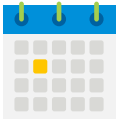
Essential Information

Keep your personalized claim info organized here for quick access when you need it.

Claim filing date

Claim number

Claim Specialist contact



1 - Plan your leave

Get a greater understanding of your benefits, and how to prepare for your upcoming leave, by going to [MyBenefits](#).

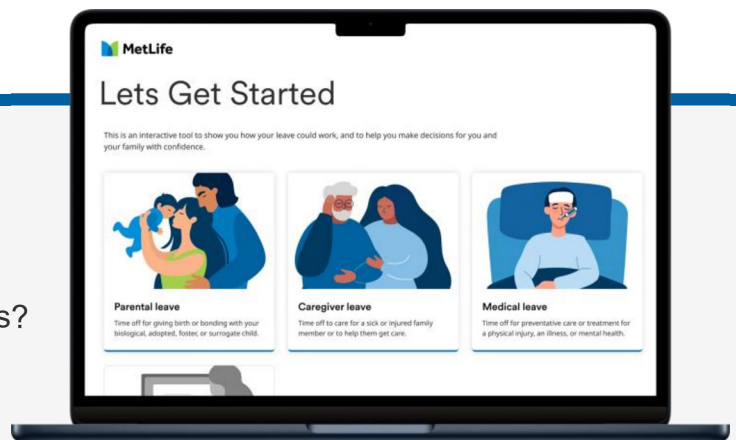
You'll learn how disability and relevant time off can work together, along with which leave types you're eligible for—including which ones provide job protection and wage replacement.

Plus, the interactive calendar on [MyBenefits](#) lets you plan your dates and see the range of time you'll be paid for. No guesswork needed.



2 - Start your leave

Ready to take advantage of your benefits? Your journey begins here with My Leave Navigator—a part of MyBenefits.



Let someone know

First, inform a supervisor or manager of your need to take leave as soon as possible.

File your claim

[MyBenefits](#) makes it easy to submit a claim* and necessary documentation, then easily track its status all the way through with your own claim number. And if you need to speak to someone, you can submit your claim by phone at (833) 622-0135.

Stay informed

Sign up for text alerts and get instant notifications when you file your claim.

Review your claim acknowledgement

Once you submit your claim, you'll receive a follow-up claim acknowledgement packet to help you understand your leave and benefits and be assigned a Claim Specialist who will oversee your claim and answer your questions.

From here, we'll evaluate your claim based on your employer plan details, as well as your condition, prognosis and claim guidelines.

We'll also contact you about any additional documentation we may need to keep your claim moving. If you're eligible for benefits, and we have everything we need, your claim may be approved right away.

Await decision

The place to get real time claim updates is on [MyBenefits](#). Once your claim or leave request is decided, your Claim Specialist will get in touch with you and your employer.

*If your absence qualifies under the federal Family and Medical Leave Act (FMLA), an FML absence will be filed on your behalf when you file a disability claim with MetLife. To consider your leave, MetLife will review medical documentation obtained as part of the disability claims process.



3 - Manage your leave

You can view, download, and print your claim history on [MyBenefits](#).

You'll be able to follow your claim and leave status online, see all your communications, and receive regular updates—all with easy access to visualization tools, claim and payment updates, activity logs, and return to work status.

Ongoing evaluation:

While you're recovering, we'll work with you and your medical providers to keep your claim status current.

- MetLife will periodically contact you and your health care provider(s) to evaluate your status, treatment plan, and functional abilities.
- MetLife will contact you to inform you of changes in claim status, such as an extension or closure.
- If you continue to remain away from work, you may be eligible for long term disability (LTD) benefits. Should this occur, MetLife will automatically refer your STD claim for an LTD claim review. You will be contacted to discuss your claim. If needed, information and forms will be sent to you to initiate your LTD** claim.

**If you have an existing LTD claim, you will be asked to provide ongoing proof of disability on at least an annual basis, if not more often depending on claim circumstances. Ongoing claim management may be completed more frequently should claim circumstances change. This means that MetLife will periodically request that you provide updated medical information from your health care provider(s) and other information for ongoing medical management and vocational assessment. If an LTD claim is approved, MetLife will periodically request updated information from the health care provider(s) and other information for ongoing medical management and vocational assessment.



4 - Return to work

Support for a smooth return to work is built-in to the overall leave process.

As soon as your expected return to work date is set, let your manager know. MetLife may get in touch to confirm everything's on-track depending on your type of leave. And if circumstances change, we'll contact you (and if needed, your healthcare provider as well) to make sure your return date is always up-to-date.



- You may be required to participate in a Rehabilitation/Return to Work Program. If that happens, your Claims Specialist, a nurse clinician and/or a vocational rehabilitation consultant may get in touch to discuss your return to work options.
- Before you return to work, your employer may require that your health care provider complete a return to work note or Release to Work form.

If there are no restrictions on your return to work, contact your supervisor/manager and confirm the date you will return.

OR

If there are restrictions provided on the Return to Work form, MetLife will confirm whether your employer can accommodate those restrictions. Someone will contact you regarding your return to work status.



FAQs

You can always check the details of your claim, as well as any updates, on [MyBenefits](#).

When do disability benefits begin?

For accidents: If the claim for short term disability is approved for an accident, disability benefits begin on the date of the approved leave.

For pregnancy or serious illness: If a pregnancy or serious illness claim for short term disability is approved, disability benefits begin once you have been out of work for 7 days.

What is the time frame to submit my information for STD benefits?

To ensure your claim is processed smoothly (and without delay), submit your STD claim to MetLife as soon as reasonably possible.

Can I open a claim in advance (ex. scheduled surgery)?

Yes, if you know you need to be away from work, it can be reported in advance. You can even have the medical documentation on file beforehand. Keep in mind the claim won't be officially approved until you leave work. This means your claim will show as "PENDING" until then. Shortly after the date of your scheduled leave begins, MetLife will reach out to you/your doctor to confirm that you have started your leave. You can always monitor the claim status on MyBenefits.

How does long term disability work?

If you continue to be unable to work after receiving STD benefits for 12 weeks, you may be eligible for LTD benefits. If this happens, MetLife will automatically refer the STD claim for an LTD claim review. You'll be contacted by MetLife, and if it's expected that you'll remain away from work, the information and forms will be sent to initiate a claim.

If your LTD claim is approved, MetLife will periodically ask for updated information from your healthcare provider(s) and other details for ongoing medical management and vocational assessment.

What if my claim is denied?

MetLife will contact you by phone and send a letter to explain why your claim was denied and provide information about how you may file an appeal. MetLife will also notify your employer of your claim denial.

Your appeal must be received, in writing, by MetLife and sent to:

MetLife Disability
P.O. Box 14592
Lexington, KY 40512-4592

Email: DisabilityAppeals@metlife.com

Fax: 1-844-380-0569

MetLife will send you a letter when your appeal request is received and when to expect a decision.

- It is possible that FMLA may still be approved, even if STD is denied, or that your leave of absence may be covered under another one of your employer's policies. If so, your Claim Specialist will advise you of this.

These policies provide disability income insurance only. For policies issued in New York, they do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for these policies is at least 50%. This ratio is the portion of future premiums that MetLife expects to return as benefits when averaged over all people with the applicable policy.

Like most group disability insurance policies, MetLife policies contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for complete costs and details.

MetLife Group Disability Income Insurance is issued by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166, under Policy Form GPNP23-2T DI.

The information presented in this document is not legal advice and should not be relied upon or construed as legal advice. It is not permissible for MetLife or its employees or agents to give legal advice. The information in this document is for general informational purposes only and does not purport to be complete or to cover every situation. You must consult with your own legal advisors to determine how these laws will affect you.

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