# Exceptional service from experienced professionals

**Our highly trained, compassionate specialists support and guide your employees throughout the claims process with the goal of helping them to return to health.**

## Submission and Initial Evaluation

- Claimant submits claim by phone, web or mail
- They can access all forms online via their MyBenefits portal
- Claims Specialist reviews all medical information and contacts their treatment provider directly to determine eligibility under the disability plan
- Auto-adjudication delivers efficient claims processing

**FAST: We attempt to contact the Claimant within 1-2 business days and provide direct access to their Claims Specialist**

## Initial Decision

- We make a claims decision within 2 business days of receiving all necessary information
- The Claims Specialist:
  - Develops an action plan
  - Identifies treatment providers and a timeline for the Claimant
  - Evaluates expected disability duration with an anticipated return to work date
  - Explains next steps to the Claimant

**EFFICIENT: About ½ of STD claims are eligible for decisions within 1 business day, with over ½ of those decisions being made instantly**

## Ongoing Service and Follow-Up

- Clinicians clarify medical information, confirm treatment plans and validate disability benefits, with rehabilitation consultants when appropriate
- We provide analytics-driven referrals at the right points for clinical intervention
- We plan ahead for Long Term Disability and enable automatic claim bridging for a smooth transition
- We continue to update the action plan, assess the claim, follow up with treatment providers and connect with the Claimant
- Simplified and convenient access to self-service tools and their Claims Specialist, including 2-way texting and video chat support

**PROACTIVE: 6-8 weeks before the benefit start date, we will initiate a LTD claim to avoid payment delays, if also covered**

## Claim and Leave Resolution

- We help with on-site job modification and other return to work accommodations, where appropriate
- The Claimant can move to LTD without additional claim applications. The information is automatically transferred and updated as required
- We advise the Claimant by phone and letter when the claim is closed or when a LTD benefit decision is made, and notify their employer of the resolution online

**ENGAGED: 7 days before the end of the Disability Benefit, the Claims Specialist will confirm the RTW plan with all parties**

## The Claims Specialist connects the Claimant to your health and wellness programs, and engages specialists throughout the claim as needed, including:

- Rehabilitation Consultants
- Nurses
- Behavioral Clinicians
- Physician Consultants
- Social Security Specialists

# An optimized online experience

Our online resources are designed to provide you and your employees with self-service support that keeps everyone informed, involved and engaged.

## For you

**Employers can use MyBenefits or MetLink to:**

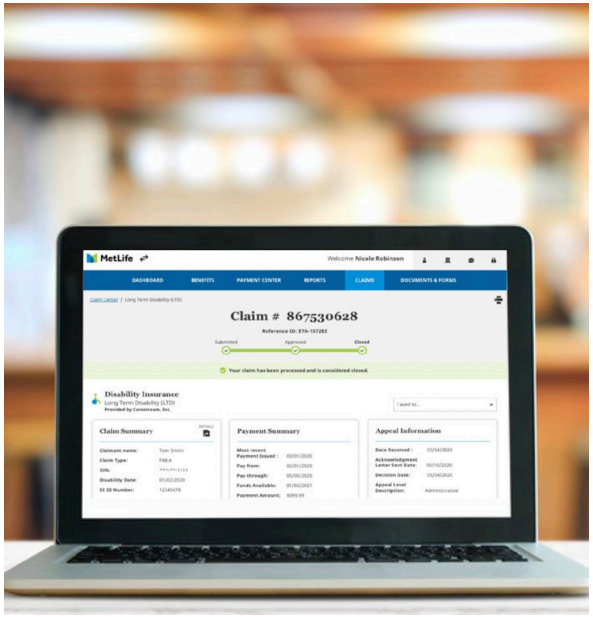
- Submit claims online
- Obtain real-time claim status and details
- Create custom reports
- Update information and add comments to existing claims

Employers can submit a claim for an employee on MyBenefits and manage their workforce.

## For your employees

**Employees, once enrolled, can use MyBenefits and the MetLife Mobile App to:**

- Easily check claim status
- Update important claim details
- Sign up for direct deposit




**Get expert guidance for confident decisions. Contact your MetLife representative today.**

[1]These jurisdictions include, but may not be limited to, California, Colorado, Connecticut, District of Columbia, Hawaii, Massachusetts, New Jersey, New York, Oregon, Puerto Rico, Rhode Island, Washington (and Delaware and Minnesota as of 1/1/26, Maine as of 5/1/26, and Maryland as of 7/1/26)

The timeline is an example of an STD claim bridging to an LTD claim based on calendar days. The specific timing of events on each claim is driven by many factors including plan design, the disabling condition, the claimant's occupation and more. Claim submission methods may vary by product and customer size. Metropolitan Life Insurance Company, New York, NY.

Like most group disability insurance policies, MetLife policies contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Contact your plan administrator for details.

[NY only] 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.

MetLife

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