

MetLife Short and Long Term Disability Claims Process

Effective April 1, 2015

MetLife makes it easy to report a disability claim. A claim can be initiated quickly and efficiently in one of two ways:

- Over the telephone: 1-866-729-9201
- Via the web: www.MetLife.com/MyBenefits

This document provides additional responsibilities of the Employee, Employer/Agency and MetLife from claim submission to return-to-work.



Franklin County Cooperative Health Benefits Program
Franklin County Board of Commissioners
Franklin County Benefits & Risk Management Department
373 S High St, Columbus, OH 43215
Local Telephone: 614-525-5750
Toll-free Telephone: 1-800-397-5884
Fax: 614-525-5515
Email: Benefits@FranklinCountyOhio.gov
Website: <http://bewell.franklincountyohio.gov>

DISABILITY CLAIM PROCESS: STAGE 1

Absence Submission and Set Up: Intake → Gather Missing Data → Notify Employer

EMPLOYEE:

- **Report absence to Employer**
 - Contact your Employer on your first day of absence and advise if the absence is expected to last more than **14 consecutive calendar days**.
 - Discuss Family Medical Leave of Absence (FMLA) with your Employer.
 - Make arrangements with your Employer to pay your employee contribution (Healthcare) and premium payments (Supplemental Life and Disability) while on Leave Without Pay.

- **Report claim/absence to MetLife** either via telephone or via MyBenefits (web)
 - Telephone Intake
 - 1-866-729-9201
 - Monday through Friday: 8:00 am to 11:00 pm EST
 - Web Intake
 - [www.MetLife.com /MyBenefits](http://www.MetLife.com/MyBenefits)
 - Monday through Friday: 6:30 am to 10:00 pm EST
 - Saturday: 6:30 am to 4:00 pm EST
 - Sunday: 9:00 am to 8:00 pm EST
 - If you are unable to report a claim/absence to MetLife due to disability, you may have another person act on your behalf.

NOTE: If you are intending to file a disability claim, MetLife recommends that you initiate the claim as soon as possible or in the event of a schedule leave of absence, in advance of your leave. This prevents any delays in claim review or benefit payment.

- **Complete a comprehensive intake interview with MetLife** and follow-up with MetLife, as needed, to ensure appropriate supporting documentation is submitted promptly.
 - Upon intake interview, MetLife establishes your claim and sends you an Acknowledgement Packet.
 - You may be required to sign certain forms in order for MetLife to obtain information from your Employer (last day worked, etc.) and from your Healthcare Provider (information about your medical condition, etc. If MetLife is having difficulty obtaining the necessary information, you may be asked to intervene.
 - Your claim number should be documented on any form returned to MetLife.

EMPLOYER:

- **Provide any requested information to MetLife** to assist in establishing the claim and begin tracking the claim
 - As directed above, your employee should notify you of an absence and initiation of a claim.
 - Your Designated Agency Representative receives a notification from MetLife in the form of an email as confirmation that a disability claim has indeed been filed by your employee.

DISABILITY CLAIM PROCESS: STAGE 2

Initial Evaluation and Decision: Verify Eligibility → Evaluate Claim → Notify of Claim Decision

EMPLOYEE:

- **Conduct an introductory call with MetLife** which covers disability plan information, claim process, next steps and expectations.
- **Your case is evaluated and a decision made within 10 calendar days** of MetLife receiving all pertinent information.
 - If MetLife approves your disability claim, benefit payment is issued and an Explanation of Benefits (EOB) statement and a letter confirming the period for which payments have been approved is supplied to you.

EMPLOYER:

- **Watch for the claim decision** and begin management of paid accrued time (sick, vacation, etc.) during the waiting period.
 - Your Designated Agency Representative receives notification from MetLife in the form of an email of the claim decision.
 - Based upon the information provided in the claim decision notice, you can determine day 1 of the 14 day waiting period. This allows you to calculate when payment of accrued time (sick, vacation, etc.) should stop. 10 days of the 14 calendar day waiting period are typically business days and paid by accrued time.
 - If the claim is denied, payment of accrued time (sick, vacation, etc.) continues throughout the employee's absence.

NOTE: MetLife's benefit payment offsets against any accrued time payment.

DISABILITY CLAIM PROCESS: STAGE 3

Ongoing Service and Follow-Up: Claim Management → Clinical Support → Return to Work Management

EMPLOYEE:

- **Continue to partner with MetLife** through your ongoing disability
 - Throughout your disability, MetLife stays in touch with you and requests periodic updates from your Healthcare Provider.
 - Claim reviews continue to occur as your status changes. You are advised of subsequent claim decisions by MetLife.

EMPLOYER:

- **Monitor your employee's disability status**
 - As MetLife reviews the claim status throughout the disability, your Designated Agency Representative receives notice regarding subsequent claim decisions.
- **Work with MetLife to identify return to work opportunities** for your employee
 - MetLife may request adapted job descriptions or potential accommodations that may be made for the employee's return to work.

- **Continue to monitor employee contribution and premium payment** throughout your employee's disability
 - Employees are directed to send payment for employee contributions and premiums for Supplemental Life and Disability products to their agency. Upon receipt, your agency must forward premiums for Supplemental Life and Disability to the Benefits Office.

DISABILITY CLAIM PROCESS: STAGE 4

Resolution: Claim Management → Clinical Support → Return to Work Management

EMPLOYEE:

- **Work with MetLife on a return to work plan and report to your Employer on the actual return to work day**
 - If the status of your condition changes and you are unable to return to work as planned, you must notify both MetLife and your Agency of any anticipated return to work date changes.
- **MetLife partners with your Healthcare Provider** to review the appropriateness of restrictions or limitations.

EMPLOYER:

- **Coordinate accommodations and/or gradual return to work** with MetLife
 - If possible, MetLife reports the anticipated return to work date to the Designated Agency Representative.
- **Utilize designated telephone number to report your employee's return to work.**
 - 1-866-729-9201
 - If the Employee does not return to work as expected, contact MetLife.

A NOTE ABOUT RETURN TO WORK/REHABILITATIVE SERVICES: When receiving disability benefits, MetLife's Rehabilitation Consultants are available to assist in identifying return to work or rehabilitative services which furthers recovery from disability and return to work. If it is not possible to return to your own job or other jobs with your employer, MetLife may be able to help secure employment with a new employer or arrange for retraining for a new job, if necessary. Participation in approved rehabilitation programs is required and may allow for increased disability benefits or partial disability benefits while attempting to return to work. Other incentives may include reimbursement for family care expenses, such as childcare.

TRANSITION FROM STD TO LTD

STD to LTD Transition: STD Mid-Point Review → LTD Clinical Consultation → Build LTD Claim → LTD Transition

If a disability extends beyond the 6 month Short Term Disability benefit period and Long Term Disability coverage is in force with MetLife, additional benefits may be available. If you are eligible for LTD benefits, the following process applies.

EMPLOYEE:

- **MetLife mails an LTD claim packet to you** at approximately the **17-19 week point** of your Short Term Disability.

- **Return the completed LTD packet within 30 days** to initiate a claim
 - If not returned within 30 days, the claim may be closed or could result in adverse benefit payment.
 - Provide additional information that could influence the claim decision, including changes to medical condition
 - Other payments being received for your disability such as Workers Compensation, Social Security or OPERS payments must also be shared with MetLife.

- **MetLife notifies you of the claim decision** and begins monthly benefit payments
 - LTD monthly benefit payments are adjusted for applicable offsets, i.e. if you are receiving payments through another source.
 - Premiums for your LTD coverage are waived if you are approved for an LTD disability.
 - If your disability claim is not approved, in whole or in part, your case manager contacts you to explain why and you are sent a formal letter stating the reasons for the denial and explaining the appeal procedure.

EMPLOYER:

- **Continue to monitor your employee's claim status**
 - Your Designated Agency Representative receives notification from MetLife in the form of an email of the claim decision.

- **Coordinate return to work efforts** with MetLife