# Your Guide to MetLife Absence Reporting

# MetLife



Drexel offers valuable benefits to help manage all types of absences. If you are unable to work due to sickness, accidental injury, or pregnancy, MetLife disability benefits replace a portion of your lost income. This can help you keep your bills under control while maintaining your current lifestyle.

MetLife makes it easier to report your disability claim as well as other types of absence such as those that qualify under the Family and Medical Leave Act (FMLA), state leave laws and other company-sponsored leaves. You can establish your claim or report an absence quickly and efficiently by phone or by web; thus, eliminating the cumbersome process and occasional delays associated with paper claim filing. This brochure explains how to report your disability claim or absence request and what to expect. MetLife professionals will address your needs quickly and treat you with compassion and respect.

#### **Reporting Your Absence**

If you will be absent from work in excess of 7consecutive days due to sickness, pregnancy or an accidental injury, and/or for a family and medical leave, you must report your absence by:

- 1. Notifying your Supervisor;
- 2. Calling the MetLife Claims Center at

#### (877) 638-8262

3. Or, you may choose to report your absence to MetLife through the MyBenefits Website at <a href="https://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>.

Please note that an absence due to sickness, injury, pregnancy, your own serious health condition of more than 3 consecutive days or the serious health condition of a family member may qualify for leave under the FMLA as well as state laws similar to the FMLA ("FML"). The MetLife Disability Leave Coordinator will assist you in determining the type of leave which you are entitled to and qualify for, based on your employer's absence policy and consistent with applicable law.

Note: If your employer utilizes a state-sponsored plan to provide Short Term Disability coverage for mandated benefits, you should apply directly to that state for those benefits. Contact your Human Resources Department to request a state disability claim form.

#### DETACH AND KEEP THIS CARI

If you are absent or expect to be absent from work due to sickness, accidental injury, pregnancy or for a family and medical leave, you must report your claim or absence by (select appropriate option(s) below):

- Advising your Supervisor that you will be absent.
- Calling our toll-free number: 877-638-8262
- Or you may choose to report your claim or absence via www.metlife.com/mybenefits.

### When you report your absence, you may need to verify or be prepared to provide the following information:

- Personal Information
- Job Information
- Sickness/Injury Information (if applicable) last day worked, nature of the illness, how, when, and where the injury occurred, and when disability commenced
- Treatment provider Information (if applicable)

  name, address, telephone number, and fax number for each treating Health Care Provider.

#### Information We May Need from You

Here's the information you should have available or be prepared to provide when reporting an absence. The information required may vary based on the type of leave to which you are entitled.

- Personal Information-name, address, telephone number, Social Security Number, Employee Identification Number, and job title
- Job Information—workplace location and address, work schedule, supervisor's name and telephone number, and date of hire.

Sickness/Injury Information (if applicable)—last day worked, nature of the illness/absence, how, when, and where the injury occurred, when the disability commenced and actual or approximate date you anticipate returning to work (if known).

- Treatment provider Information (if applicable)—Name. address, telephone number, and fax number for each treating Health Care Provider.
- Authorization to Release Your Medical Information (if applicable) - the release of your medical information to MetLife may be required. If applicable:
- You should inform your Health Care Provider(s) that MetLife will be administering your claim or leave and that you authorize the release of your medical information to the MetLife claims office.
- An "Authorization to Disclose Information About Me" form may be mailed to you from MetLife after you report your disability claim or Family Medical Leave request. You can expedite this process by downloading this form from MyBenefits at www.metlife.com/mybenefits. Click on the "Forms" link in the upper right hand corner of the navigation bar. You should sign and return this form as soon as possible. This release authorization will expedite the processing of your claim.
- FML Information (if applicable) MetLife will provide you with a Health Care Provider Certification (HCPC) form and it is your responsibility to ensure that the HCPC form is provided to MetLife within the time requirement.
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- For Other Company-sponsored Leaves and Absences start and end date of the leave, reason for leave and pertinent paperwork.

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• For Other Company Leaves and Absences (if applicable)

- the anticipated start and end date of the leave, reason for leave and pertinent paperwork. Check with your employer or the MetLife Claim Center on employer-sponsored absences

#### What to Expect

#### Initial Notification

Whether you report a disability claim or a leave of absence request, MetLife will send you written acknowledgement of your notification. You may be contacted by a MetLife Case Manager or Leave Coordinator within a few business days if we need to discuss additional information with you. This may include:

- The information you reported to the Claims Center'
- The evaluation procedure for your leave request and any additional information we may need; and
- Potential future communications.

MetLife may also seek additional information from:

- Your Health Care Provider-- Your Health Care Provider may be contacted to discuss your medical information, treatment plan, prognosis, and functional abilities; and
- For group disability claims, Drexel may be contacted to discuss your specific job duties in detail. Confidential medical information will not be shared with Drexel except for plan administration purposes such as return to work purposes.

For your convenience, a wallet *InfoCard* that outlines claim and absence reporting procedures is attached to this brochure. You should retain this card in your wallet for future use.

Effective communication is a two-way process; therefore, you are encouraged to call your Case Manager or Leave Coordinator anytime you have questions or concerns about the program or your case. A Customer Service Unit is also available from 8:00 a.m. - 11:00 p.m. (Eastern Time) to answer your questions. The toll-free number is 877-638-8262.

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# MetLife

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## MyBenefits Registration Overview

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information including planning tools and oral health awareness material.\* MetLife is able to deliver services to you that empower you to manage your benefits and not have to rely on your employer. As a first time user, you will need to register on MyBenefits. This will require you to follow the steps outlined below.

# Registration Process for MyBenefits

#### **Provide Your Company Name**

Access MyBenefits at www.metlife.com/mybenefits and enter your company name and click 'Submit.'

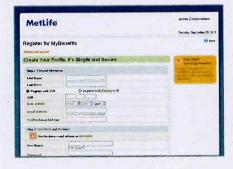


Step 1: The Login Screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on 'Register Now' and perform the one-time registration process. Going forward, you will be able to log-in directly.

#### **Step 2: Enter Personal Information**

Enter your first and last name, Social Security or Employee ID number, date of birth, and e-mail address.



Step 3: Create a User Name and Password

Then you will need to create a unique user name and password for future access to MyBenefits.

The User Name must be a minimum of 8 characters and include at least one letter and one number (i.e. johnsmith1 or 1234567b). The Password must be a minimum of 6 characters and include at least one letter and one number (i.e. jsmith2 or 23451a).

#### **Step 4: Security Verification Questions**

Lastly, you will need to choose and answer three identity verification questions, to be utilized in the event you forget your password.

Finally, you will be asked to read and agree to the Web site's Terms of Use.

Step 5: Process Complete Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the e-mail address you provided during registration.



<sup>\*</sup> Available only to dental benefits participants.