

# Call MetLife to file a Short-Term Disability (STD) claim

Follow the steps below to start your disability claim leave request. These instructions also provide information on what to expect during the process – we're here to help.

## Step 1: Notify your supervisor within 30 days of your leave

Discuss the reason for your leave including:

- The length of your leave and your estimated return-to-work date.
- If you will need to take leave all at one time (continuous) or for shorter periods (intermittent) and if your serious health condition requires a reduced work schedule.
- If you have any potential employer-paid leave benefits such as PTO, vacation, sick leave, other forms of insurance such as Workers Compensation or state paid leave benefits.

Please read through all the steps in this guide before starting your claim submission.

## Step 2: File a Claim via Phone

1. To start your claim, call MetLife at **1-800-300-4296**.
2. Speak with a MetLife customer care advocate and provide the following:
  - Your name, address, e-mail address, telephone number and employee ID.
  - Your employer's name, address, and telephone number.
  - Reason you are opening a claim, including medical condition which may impact your ability to work your normal schedule.
  - Your health care provider(s) contact information.
  - Absence details, such as your first day absent and your anticipated return to work date.

MetLife will create your claim and provide you with a reference number by the end of the call. Please keep this reference number for future use.

## Step 3: What happens after I file a claim?

**Within 2-4 business days** of filing your claim with MetLife, MetLife will send an Acknowledgement Package with important information regarding your claim(s).

The package will include important forms:

[Download Medical Authorization](#)

[Download Attending Physician Statement](#)

For your convenience, download the **Medical Authorization and Attending Physician Statement (APS)** to fast track your claim prior to the acknowledgement package arriving.

1. Please ask your healthcare provider to complete the Attending Physician Statement (APS). This is required to provide proof to support the reason for your claim.
2. Please complete the Medical Authorization form. You'll need to sign a consent to allow MetLife to gather information to support your claim.

**Please note:** When your leave qualifies for more than one benefit administered by MetLife (such as Short-Term Disability, state paid leave, and/or FMLA), you should complete **only one claim form** and submit authorizations and certifications once to support all your claims.

## Step 3: What happens after I file a claim? (continued)

1. Please mail, fax, or upload the completed forms to us at:

**Mail:**

MetLife Disability  
PO Box 14590. Lexington KY 40512-4590

**Fax:**

1-800-230-9531

**Upload:**

- Log into: [mybenefits.metlife.com](https://mybenefits.metlife.com)
- Locate your claim under My Accounts
- Click on **“You can add a comment or document to your claim”**

2. A MetLife claims specialist may contact you for additional details about you, your job, your condition, your treatment plan, and health care provider(s).
  - **If you already have an open claim with MetLife, please let the claims specialist know so they can link your claims.**
  - Your claims specialist will also discuss your anticipated return to work date.
3. Your employer will be contacted to confirm employment and coordinate other eligible benefits.
4. We'll follow up with a letter detailing any missing information to complete your claim if needed.
5. **MetLife will make a decision about your claim.**
  - Once a decision is made on your claim(s), you'll receive a call from a MetLife claim specialist and a letter. If approved, the letter will include your benefit amount and instructions on how to contact MetLife if you require further assistance.

## Step 4: Communication with MetLife when on leave

- Your claims specialist will periodically contact you and your health care provider(s) to check-in on you and your health.
- If there's a change in claim status, your claims specialist will contact you by phone and send a letter to outline the change such as an extension or closure.
- If you're taking a leave on an intermittent basis, please continue to tell your claims specialist when you're on leave so that benefits can be paid appropriately.

### Returning to work after leave

- You may be contacted by your claims specialist, a nurse clinician, PCS, and/or a vocational rehabilitation consultant to discuss your return-to-work options.
- If you return to work earlier or need to be out longer, call your claims specialist to create a new return to work plan. Also, please call your employer to keep them informed of any changes to your return-to-work date.

### If your claim has been denied

- You have the right to appeal the decision on your claim.
- The decision letter will provide important information about how to file an appeal and the required timeframe.