

Accessing Intake

For customers configured with Intake, you can File a Claim or Absence from the Account Summary, Claim Center, or Disability Policy Information pages. It then displays the main Intake page.

The File a Claim IWT will only appear when the user has the ability to file. If they already have an open STD/LTD claim, they cannot file another, so the IWT is unavailable. But you can enter multiple FML claims, so the IWT for that will always be available.

Claim Center
View claim details, submit a claim or search your claim history. Your most recent claims are shown below.

Filter page view

Disability Insurance	Disability Insurance	Disability Insurance
Short Term Disability	Long Term Disability	Paid Family Leave
Service Provided by: Acme	Service Provided by: Acme	Service Provided by: Acme
I want to... File a Claim Manage Claims Download claim information View Older Claims Download claim forms	I want to... Tom Smith Claim Status: Submitted (Open) Closed Claim Details	I want to... File an Absence Manage Claims Download absence information View older absences Download forms

Disability Insurance
Short Term Disability, Long Term Disability, Paid Family Leave
Service Provided by: Acme

I Want To

- Glossary
- View Forms
- View Claims
- Contact a Specialist
- File a Claim**

Disability Insurance
Short Term Disability, Long Term Disability, Paid Family Leave
Service Provided by: Acme

Policy Information | Claim History | FAQ

Claims
File a Claim
View Claims

Related Links
Contact a Specialist
View Forms

Resources
Glossary

Disability Claims
Short Term Disability Claims

Claim #:	888123001
Disability Date:	3/22/2018

Long Term Disability Insurance
Long Term Disability is a portion of your income during a period of a disabling illness or accident.

Beginning the Intake Process

File a Claim page include 3 main sections:

- Pre-Script section with an explanation of the process. This is customizable at the Group level.
- Get Help section with phone numbers and hours of operation
- About preferred Questions

MetLife | BROKEN HILL PROPRIETARY USINC Welcome Urvashi

[MY ACCOUNTS](#) [CLAIM CENTER](#) [DOCUMENTS & FORMS](#)

File a Claim

Filing a claim online is easy and convenient

Absence Management & Disability Insurance

Filing a claim online takes about 10 minutes. As you go through the questions, you'll see some labeled "preferred." These are optional, but answering them can expedite your claim and payments

- About You**
Your personal and contact info
- About Your Absence**
Absence dates, reason and doctor details
- About Your Job**
Employer and supervisor information
- Benefits & Payment Options**
Your other income and account details for your claim payment
- ICD & Comorbid Codes**
The International Classification of Disease (ICD). You can usually get the code from your physician or billing statement
- Other Information**
More details and documents for your claim, if needed

You can start your claim now and save it to finish later

[Cancel](#) [START](#)

Get Help with Your Claim

Questions? Contact Us
1-800-858-6506
Monday – Friday, 8 AM to 11 PM, EST

Already submitted a claim? Review takes about business days. We'll contact you then.

Please refer to our hours of operations.

Submission
Mon-Fri, 8:30 am – 10:00 pm EST

To submit a claim, you must complete the entire process by 10:00 pm.

Be sure to save your confirmation page.

Updates
Call a representative at the number above.
Mon-Fri, 8:30 am – 10:00 pm EST

Other Inquiries
Mon – Fri, 10:00 – 11:00 pm, EST
Saturday, 8:30 am – 8:00 pm, EST
Sunday, 9:00 am – 8:00 pm, EST

About Preferred Questions


Although Preferred Questions are optional, answering them can help expedite your claim and payment.


Step 1: Work History

Collects the date you last worked, and your work state.

1 **Work History**

When and where did you work?

Last Date of Work 



[Cancel](#)

Step 2: Reason for Your Absence

The reasons are based on Eligibility, as determined via UIS. These may include:

- OSHC: Continuous and/or Reduced, and for Maternity
- New York Paid Family Leave
- Care of Family Member
- Child Bonding
- Long Term Disability

2

Reason for your Absence

What is the reason for your Absence/Claim? (Select any one)?

Own Serious Health Condition

- Continuous Absence (unable to report to work)
- Reduced Schedule / Intermittent Absence (unable to work full schedule)

Own Serious Health Condition Due to Maternity

- Continuous Absence (unable to report to work)
- Reduced Schedule / Intermittent Absence (unable to work full schedule)

Others

- New York Paid Family leave - Based on your absence request for NY Paid Family Leave, please be advised that if MetLife administers any other leave types for your employer, we will create those leave types automatically for you.
- Care of Family member
- Child Bonding

[CANCEL](#)

[NEXT](#)

Claim / Absence Type

Selecting these will go to the Model Office flow:

- OSHC: Continuous and/or Reduced, and for Maternity
- New York Paid Family Leave
- Short Term Disability
- Long Term Disability

Selecting these will go to the FMLA Standalone flow:

- Care of Family Member
- Child Bonding

2

Reason for your Absence

What is the reason for your Absence/Claim? (Select any one)?

Own Serious Health Condition

- Continuous Absence (unable to report to work)
- Reduced Schedule / Intermittent Absence (unable to work full schedule)

Own Serious Health Condition Due to Maternity

- Continuous Absence (unable to report to work)
- Reduced Schedule / Intermittent Absence (unable to work full schedule)

Others

- New York Paid Family leave - Based on your absence request for NY Paid Family Leave, please be advised that if MetLife administers any other leave types for your employer, we will create those leave types automatically for you.
- Care of Family member
- Child Bonding

[CANCEL](#)

[NEXT](#)

MO Step 3: ICD Diagnosis Codes

For STD/LTD, you can enter or search for ICD and Comorbid codes. Search works by type ahead.

For NYPFL the ICD / Comorbid codes are preset (Z759).

3 ICD Diagnosis Codes

What prevents you from returning to work?
(preferred)

Reason

Additional information about your condition?
(preferred)

Additional Info

ICD CODE [?](#)

Primary ICD 10 Search

Diagnosis Code - ICD **SEARCH**

Comorbid Code [?](#)

Do you have another medical condition that exists
at the same time with your disability?

Comorbid Code - ICD **SEARCH**

[Cancel](#) **NEXT**

3 ICD Diagnosis Codes

ICD CODE [?](#)

Primary ICD 10 Search

Diagnosis Code - ICD **SEARCH**

Comorbid Code [?](#)

Do you have another medical condition that exists
at the same time with your disability?

Comorbid Code - ICD **SEARCH**

[N Cancel](#) **QANEXT**

MO Step 4: About You

Collects information across 3 sub-steps. Pre-populates fields via UIS.

4 About you

Personal Details

All fields are required unless noted

First name

Middle initial

Last name

Home address line 1

Address line 2 (optional)

City

State

ZIP code

Country (optional)

[Cancel](#) [NEXT](#)

4 About you

Personal Details - Additional Information

All fields are required unless noted

Email address (preferred)

Home phone (preferred)

Cell phone (preferred)

Alternate phone (preferred)

Best number to reach you (preferred)

Number

Fax number(optional)

Date of birth (preferred)

Gender (preferred)

Marital status (optional)

[Cancel](#) [NEXT](#)

4 About you

Personal Details - Additional Address information

Enter any alternate or additional information to help us process your claim

Alternate address 1 (optional)

Alternate address 2 (optional)

Alternate city (preferred)

Alternate state (preferred)

Alternate ZIP code (preferred)

Which is your primary mailing address? (preferred)

Address

[Cancel](#) [NEXT](#)

MO Step 5: About Your Absence

Collects Absence details across 4 sub-steps.

5 About Your Absence



Absence Details

What is the start date for your disability ? (preferred)

 15

When did you return to work? (preferred)

 15

First date of your absence (preferred)

 15

Last date of your absence (preferred)

 15

Is your disability work related? (preferred)

Other related info (optional)

Is your absence due to pregnancy? (preferred)

Cancel

NEXT

5 About Your Absence



Absence Details - Accident

Is this claim due to an accident? (preferred)

Are you disabled due to a broken bone and/or fracture?

Cancel

NEXT

5 About Your Absence



Absence Details - Hospitalization

Were you hospitalized? (preferred)

Where were you treated? (preferred)

Name of the treatment center? (preferred)

Who is the contact person there?

Other physicians? Name, phone, fax

When was your first treatment date? (preferred)

 15

When is your next treatment date?

 15

N Cancel

QANEXT

5 About Your Absence



Absence Details - Surgery

Did you undergo surgery? (preferred)

 15

CPT4 Search

What is the primary CPT code for your diagnosis? (preferred)

What is the description of the primary CPT code? (preferred)

If you are having a procedure, is it considered cosmetic or an elective surgery?

Surgery date (if applicable) (preferred)

 15

Cancel

NEXT

MO Step 6: About Your Doctor

Provide Doctor information

6 **About your Doctor**

Doctor Information

Your doctor's first name (preferred)

Doctor's middle name

Doctor's last name (preferred)

Doctor's address 1 (optional)

Doctor's address 2 (optional)

Doctor's city (optional)

Doctor's State (preferred) ▼

Doctor's ZIP code (optional)

Doctor's phone number (preferred)

Doctor's fax number (optional)

[Cancel](#) **NEXT**

MO Step 7: About Your Employment

Collect Employment information across 5 sub-steps.

7 About Your Employment

Tell us about your job

Your job title (preferred)

Job Duties (optional)

Job class search (Optional)

Job Class Search **SEARCH**

Your salary (preferred)

2000.0

Salary time period

YEARLY

[Cancel](#) **NEXT**

7 About Your Employment

Tell us about your job - Employee Status

Your date of hire? (preferred)

Date - MM/DD/YYYY

01/01/2015

Your current employment status? (preferred)

Employment Status

If inactive, as of what date? (preferred)

Date - MM/DD/YYYY

Do you work full time or part time? (preferred)

Full-Time/Part-Time

Did you work at least half a day? (preferred)

Worked half Day ?

Do you work for a subsidiary of your company?

Subsidiary

What is your work location? If retail, what is your store number? (needed?)

Work Location

[Cancel](#) **NEXT**

7 About Your Employment

Tell us about your work Schedule

How many hours do you work per week? (preferred)

Hours

How many hours did you work on your last day?

Hours

Enter the hours you'll work in the boxes below. Fill in all boxes, using 0 for days not worked (preferred).

Sun Mon Tue Wed Thur Fri Sat

[Cancel](#) **NEXT**

7 About Your Employment

Supervisor Information

Supervisor's first name

Supervisor's middle name

Supervisor's last name

Supervisor's phone #

Supervisor's fax #

Street address line 1

Address 2

City

State

ZIP Code

Employer's contact name (if different from supervisor)

Employer Name

[Cancel](#) **NEXT**

7 About Your Employment

Tell us about your job- Employer

[Cancel](#) **QANEXT**

MO Step 8: About Your Finances

Provide Financial Information.

8 About your Finances

Tax Status and Rates

Your tax marital status (preferred)

Tax marital status

Tax number of exemptions (preferred)

Exemptions

Bank Account and Payee Information

Are you set up for electronic funds transfer (EFT)?

EFT?

EFT savings or checking

Account Type

EFT Routing #

Routing Number

EFT Account Number

Account Number

Other person to receive payments?

Payee

Other recipient address

Payee Address

[Cancel](#) **NEXT**

MO Step 9: About Your Other Income

Provide your Other income across 2 sub-steps.

9 Your Other Income



Income Adjustments

Income Adjustments Table (Preferred)

ADD ADJUSTMENT

Cancel

NEXT

9 Your Other Income



Income Adjustments

Income Adjustments Table (Preferred)

Type of other income	Start date for other income (preferred)	End date for other income (preferred)	Other income amount (preferred)
Adjustment Name	Start Date	End Date	Amount

ADD ADJUSTMENT

SAVE

Cancel

NEXT

9 About Your Other Income

Supplemental Income



Have you Applied for or are receiving workers comp? (preferred)

YES

No

Have you Applied for or are receiving a Pension? (preferred)

YES

No

Have you Applied for or are receiving no-fault payments? (preferred)

YES

No

Have you Applied for or are receiving state benefits? (preferred)

YES

No

Have you Applied for or are receiving unemployment? (preferred)

YES

No

Are you continuing to get a salary? (preferred)

YES

No

Have you Applied for or are receiving social security? (preferred)

YES

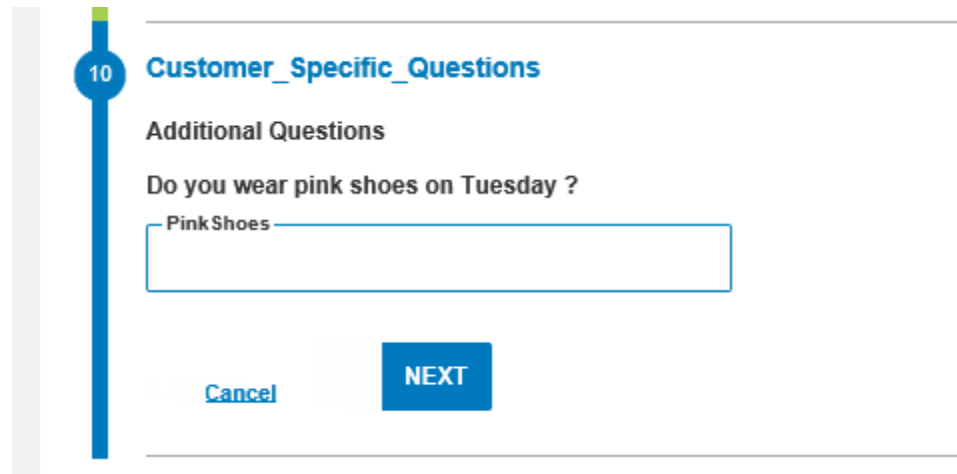
No

CANCEL

NEXT

MO Step 10: Customer Specific Questions (option)

In some cases a Customer may have additional questions.



The screenshot shows a user interface for step 10 of a process. On the left, a vertical blue bar contains a white circle with the number '10'. To the right of this bar, the text 'Customer_Specific_Questions' is displayed in blue. Below this, the text 'Additional Questions' is shown in black. The main question is 'Do you wear pink shoes on Tuesday ?'. Underneath the question is a text input field with the placeholder text 'PinkShoes'. At the bottom of the form, there are two buttons: a blue 'Cancel' button and a blue 'NEXT' button.

10 Customer_Specific_Questions

Additional Questions

Do you wear pink shoes on Tuesday ?

PinkShoes

Cancel NEXT

MO Step 11: Review and Submit

See a review of all questions and answers.
You can update any section by returning to it.
You would then revisit all other sections as needed.
Previously information may need to be re-entered based on how you answer the questions.
The Password requested is Group specific.

11 Review and Submit

If your claim's detail are right, [Sign at the bottom of the page](#) and SUBMIT. Or choose UPDATE to make changes.

Work History

[Update](#)

When and Where did you work?

Last Date of Work 05/10/2019

Work State Wisconsin

Reason for your Absence

[Update](#)

What is the reason for your Absence/Claim? (Select any one)?

Reason for your Absence Continuous Absence (unable to report to work)

ICD Diagnosis Codes

[Update](#)

What prevents you from returning to work? (preferred)

Additional information about your condition? (preferred)

About you

[Update](#)

Personal Details

You must check the box and reconfirm your password to submit your absence

I have previously read and consented to the following

- [Consumer Electronic Consent Statement](#)
 [Fraud Warning](#)

Electronic Signature

I have completed and reviewed the claim information and declare that all information given is true and complete to the best of my knowledge and belief. I understand that this information will be used by MetLife to determine an individual's eligibility for benefits. I understand that by entering my name below and clicking the "Submit" button I am signing and submitting the claim form to Metropolitan Life Insurance Company. This is a legally binding electronic signature.

Please reconfirm MyBenefits password

Enter Your MyBenefits Password

[Cancel](#)


SUBMIT CLAIM


MO Final: Claim is Submitted

A list of your Claim number(s) is provided.
The post-script informs you of the follow-up process.
The text is configurable at the Group level.

Your Claim is Submitted

File a New claim or update a Submitted Claim

 **Disability**

 **Thank you for submitting your claim to MetLife**

Based on all the information you have provided, your Short Term Disability, Long Term Disability, Paid Family Leave claim 271904058337 has been created and will be reviewed by our Claims Specialist.
Once your claim Specialist reviews your information they will contact you to provide you with a claim determination.

What happens next?


-->MetLife will be contacting your physician(s) to request medical information. Please inform your physician(s) that MetLife will be administering your claim, so they need to authorize the release of your medical information to the MetLife claims office.

-->Download your Medical Authorization Form to speed up the handling of your claim. If you are unable to download a form, one will also be automatically mailed to you immediately from MetLife. Take these forms to your physician to be completed and then fax them to MetLife (Attn: MetLife Disability Claims Unit) at 1-800-230-9531. You should sign and return this form as soon as possible.

-->Click Subscriptions to sign up to receive automatic alerts sent to your email address regarding the status for your disability claim.

Your employer may be contacted to discuss your specific job duties in detail. Confidential medical information will not be shared with your employer. Only your physical abilities as they related to your job requirements will be discussed. Any changes to the pre-populated data on the claim forms will not automatically update your employer records. Please contact your employer's Human Resources department to make necessary changes.

[Go back to Claim Center](#)

 **Get Help With Your Claim**

Questions? Contact Us

1-800-858-6100

Monday - Friday, 8 am to 11 pm, EST

Already submitted an online claim? Review takes about 5-7 business days. We'll contact you then

ABOUT PREFERRED QUESTIONS

Although Preferred Questions are optional, ANSWERING them can help expedite your CLAIM and PAYMENT