

City of Milwaukee - - Contact MetLife to file a Worksite Short Term Disability (STD) claim

Use 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 of your leave

Discuss the reason for your leave including:

- Length of your leave and your estimated return to work date
- 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 or the MyBenefits portal

1. To start your claim, call MetLife at 1-800-GET-MET8 (800-438-6388) or access mybenefits.metlife.com
2. Speak with a MetLife claim specialist and provide the following:
 - Your name, address, telephone number and Employee ID
 - Your SSN (MetLife has your Employee ID from the City but we need you to provide your SSN)
 - Your employer's name – City of Milwaukee
 - Reason you are opening a claim, including medical condition
 - Your health care provider(s) contact information
 - Absence details, such as your first day absent and your anticipated return to work.

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

Step 3: What happens after I file a claim?

Within 5 business days of filing your claim with MetLife, you will be sent 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 complete Section 1 of the **Attending Physician Statement (APS)** and ask your Physician to complete Sections 2 and 3. The APS form is required to provide proof to support the reason of your claim.
2. You'll need to sign a **Medical Authorization** form to allow MetLife to gather information to support your claim.

Please note: When submitting a claim for Short-term Disability, you should complete the claim form and submit authorizations and certifications at the same time.

Step 3: What happens after I file a claim? (cont'd)

3. 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
- Locate your claim under My Accounts
- Click on “**You can add a comment or document to your claim**”

4. 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.

5. MetLife will contact your employer to confirm employment and, if applicable, request any missing items related to your eligibility.

6. We'll follow up with you by sending a letter detailing any missing information to complete your claim if needed.

7. MetLife will make a decision about your claim. For a new claim, it usually takes about **2 business days** from the date we receive all required documentation to make a decision. Allow **5 business days** for a decision on an extension to an existing 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, for benefits to be paid appropriately, please continue to tell your claims specialist when you're on leave.

Returning to work after leave

- You may be contacted by your claims specialist, a nurse clinician and/or a vocational rehabilitation consultant to discuss your return-to-work options.
- You may be required to participate in a rehabilitation or return to work program.
- 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.