# MetLife Group Disability claim timeline

**Disability Submission and Data Gathering**

**Day 1 – Day 7**
- **Claim forms:** mimfg.org/insurance/forms.aspx
- **Claim submission:** STD Claims can be submitted via Fax or Mail
- **Information gathering:** Within 24 hours, MetLife reaches out to the claimant asking for any missing information (eligibility, email address, etc.) The claim team also contacts medical providers for any missing medical information as needed.

  If no medical information is received, an additional call and fax is sent to the HealthCare Provider to obtain the needed information.

  A Case Manager is assigned and conducts an introductory call/interview with the claimant and requests their assistance to obtain medical information if not received.

**Initial Evaluation and Decision**

**Day 8 – Day 15**
- **Evaluation & Decision:**
  - The STD Case Manager functions as the single point of contact.
  - Key components of the evaluation include the claimant’s eligibility, type of plan, functional diagnosis and the job requirements.
  - Initial approvals are immediately granted for maternity, surgery claims or hospitalization.

  **Initial decision:**
  - Claim decision is made (approval or denial) assuming all appropriate information is available. Claimant is notified of the decision and/or for additional information by telephone and letter.

  **Case manager develops Action Plan for approved claims:**
  - Identifying timeline for claimant and treatment provider contacts
  - Assessing expected duration and Return to Work potential
  - Next steps in the claim process

**Ongoing Service and Follow-up**

**Day 16 & Beyond**
- Periodic contact with the claimant and treatment providers for ongoing claim evaluation.

  **Resolution & Outcomes:** Claims resolve and close for many reasons.
  - No longer satisfies definition of disability
  - Recovery from disability
  - Return to work at own occupation
  - Return to work with job modification or to a new position
  - Lack of medical information
  - Death

  When appropriate, claim closures are communicated to the claimant by a phone call and a letter. In all instances, we strive to communicate steps and expectations during the disability claim process with care and compassion.

- Clinicians are utilized as needed to clarify medical, confirm treatment plans and validate continued disability.

  Action Plan is implemented and updated as needed.

  Changes in claim status, such as extension of original expected duration or claim closure, are communicated to claimant by phone and letter.

  Referral for Rehabilitation consult and assistance occurs where appropriate.

  Seamless transition “Bridging” STD to LTD if applicable.

  If Social Security Disability Income is feasible, MetLife will assist with application filing process and offer other resources as needed to support the claimant.

*Fax: 800-230-9531 | Mail: PO Box 14590, Lexington, KY 40511-4590 | Phone: 800-300-4296 for Claimants or Employers*
The specific timing of events on each claim is driven by many factors, including plan design, the disabling condition, the claimant’s occupation and more. Claim submission methods may vary by product and customer size.