MetLife

How to file a PFML Claim

Follow these steps to start your leave. If your leave qualifies for more than one benefit administered by MetLife, such as, Paid Medical Leave, Short Term Disability, Paid Family leave, and/or FMLA, you only need to submit one certification and authorization form.

Step 1: Notify your manager

- Discuss the reason for your leave, including the length and estimated return-to-work date.
- Mention if you need continuous or intermittent leave, and any potential employer-paid leave benefits.
- File your claim 30 days prior to or within 30 days after your leave starts.

Step 2: File Your Claim



Option 1: Online – The best way to submit your claim to MetLife is online.

- Register on MyBenefits, if you haven't already done so. You'll receive a registration confirmation email, and you can begin filing your claim.
- File your claim by providing some information about yourself and details about your leave, then submit it.
- Get status updates, check on your claim, and easily upload additional documents to support your claim.



Option 2: Call us

- Call MetLife at **833-622-0135** and provide your personal and employer information, as well as details about your leave.

  Employer Name:

  MetLife Policy number:

- MetLife will create your claim and provide a reference number that you should write down for future use.

Step 3: Gather Materials to Support Your Claim

- Complete the Certification Form to provide proof for your claim.
- If filing for Paid Medical Leave, complete the Medical Authorization Form.
- **Within 2-4 business days** of filing your claim, MetLife will send an Acknowledgement Package with important information on next steps.
- Completed forms should be sent to MetLife in one of the following way:

Online:
Upload to MyBenefits

Mail:
Metropolitan Life Insurance Company
Attn: MetLife Disability Claims
PO Box 14590
Lexington, KY 40512-4590

Fax:
1-800-230-9531

- Make sure your reference the claim number you were provided upon intake on your submission. A MetLife claims specialist may contact you for additional details about you, your job, your condition, your treatment plan, and healthcare provider(s) upon review of your documents.

Step 4: Await a Decision on Your Claim

- Once MetLife makes a decision on your claim, you'll receive a letter, and in most cases a call from a claim specialist.
- If approved, the letter will include pertinent details about your claim for benefits.
- If denied, you may appeal the decision. The decision letter will provide information on how to do so.

Step 5: Maintain Communication with MetLife

- You may be contacted by your claim specialists or other parties within MetLife based on the facts and circumstances of your claim for benefits.
- For intermittent leave, keep your employer and MetLife informed to ensure proper benefit payments.
- If your leave needs change, please inform both MetLife and your employer in advance. If you cannot notify them in advance, please notify them as soon as possible.

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