

Periodically, your physician will be contacted to discuss your current medical condition. Additional medical information may be needed in order to continue benefits under the disability plan or program.

Effective communication is a two-way process; therefore, you are encouraged to call your Case Manager anytime you have questions or concerns about the program or your case. A Customer Service Unit is also available from 8:00 a.m. – 11:00 p.m. (Eastern Standard Time) to answer your questions. The toll-free number is 1-866-729-9201.

Return-to-Work Services

During the disability claims process, when appropriate, your Case Manager will work with you, your physician, and your employer to determine a return-to-work plan specific to your needs and abilities. Members of the MetLife Clinical Specialist Team may also become involved.

L0409031561(exp0410)(OH)

MetLife®

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0709-5875 ORDER#1900030363(0907)
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To initiate a disability claim for a sickness or injury, simply access MetLife's MyBenefits Web site at www.metlife.com/mybenefits or call MetLife's toll-free number.

When you report your claim, you will need to verify or provide the following information:

- **Personal Information** – name, address, telephone number, Social Security Number, Employee Identification Number and job title
- **Job Information** – workplace location and address, work schedule, supervisor's name and telephone number, and date of hire
- **Sickness/Injury Information** – last day worked, nature of the illness, how, when, and where the injury occurred, and when disability commenced
- **Physician Information** – name, address, telephone number, and fax number for each treating physician

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Keep this important card with you
This card provides you with key details associated with reporting your claim.

Your Guide

to the MetLife Disability Claim Reporting Service



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Montgomery County, OH offers valuable disability benefits to help our employees protect their income in the event of disability. If you are unable to work due to Sickness (means illness, disease or pregnancy, including complications of pregnancy) or injury, disability benefits replace a portion of your lost income. This can help you keep your bills under control while maintaining your current lifestyle.

MetLife makes it easier for you to report your disability absence. You can establish your claim quickly and efficiently over the web or telephone; thus, eliminating the cumbersome process and occasional delays associated with paper claim filing. This brochure explains how to report your disability claim and what to expect during the claims process. MetLife Disability claims professionals understand the challenges you may face during a disability. We will address your needs quickly, treat you with compassion and respect, and assist you in returning to work as soon as you are able.



Reporting Your Absence

1. If you are absent from work due to Sickness or injury, you must notify your Supervisor on your first day of absence.
2. If you will be absent from work in excess of 14 consecutive calendar days due to Sickness or pregnancy, or in excess of 7 consecutive calendar days for injury, report your absence claim at www.metlife.com/mybenefits or by calling the MetLife Disability Claims Center at 1-866-729-9201. The Claims Center is available 8:00 a.m. – 11:00 p.m. (Eastern Standard Time), Monday through Friday.
3. You must report your absence via the MyBenefits Web site or to the MetLife Claims Center to initiate your claim for disability benefits. When reporting your absence, you will be asked to provide some basic information, including:

- **Personal Information**—name, address, telephone number, Social Security Number and job title

- **Job Information**—workplace location and address, work schedule, supervisor’s name and telephone number, and date of hire

- **Sickness/Injury Information**—last day worked, nature of the illness, how, when, and where the injury occurred, when the disability commenced and actual or approximate date you anticipate returning to work (if known)

- **Treatment provider Information**—name, address, telephone number, and fax number for each treating treatment provider

The Customer Service Consultant will also provide any other necessary instructions.

What to Expect—Initial Notification

MetLife will send you a written acknowledgement of the receipt of your claim. Within a few business days of your initial notification, a MetLife Case Manager may contact you to discuss:

- The information you reported to the Claims Center
- Your medical condition, including the impact it has on your ability to do your job, and your treatment plan
- The evaluation procedures under the disability plan or program

Your healthcare provider may be contacted to discuss your medical information, treatment plan, prognosis, and functional abilities.

Montgomery County, OH may be contacted to discuss your specific job duties in detail. Confidential medical information will not be shared with Montgomery County, OH except for plan administration purposes such as return to work purposes.

For your convenience, a wallet *InfoCard* that outlines claim reporting procedures is attached to this brochure. You should retain this card in your wallet for future use.

Your Medical Information

The release of your medical information to MetLife is critical to the evaluation of your disability claim. Therefore, you should inform your healthcare provider(s) that MetLife will be administering your claim and that you authorize the release of your medical information to the MetLife claims office. In addition, an “Authorization to Disclose Information About Me” form will be mailed to you from MetLife immediately after you report your claim. You can expedite this process by downloading this form from MyBenefits at www.metlife.com/mybenefits. Click on the “Forms” link in the upper right hand corner of the navigation bar. You should sign and return this form as soon as possible. This release authorization will expedite the processing of your claim.

Reviewing and Evaluating Your Case

Once all the pertinent information has been obtained, MetLife will make an initial decision regarding your disability claim based on several factors, including:

- The plan’s definition of disability, limitations and exclusions
- Clinical information provided by your physician
- Activities you can and cannot perform
- The circumstances of your condition, treatment plan, and prognosis
- The requirements of the job and your ability to perform the job

You will be eligible for disability benefits when you become disabled as defined in your employer’s benefit plan. Often for total disability, this will be when, due to Sickness or injury, MetLife determines that you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way.

For Partial Disability means while actually working in an occupation, you are unable to earn **80%** or more of your predisability earnings.

In addition, there may be a requirement that you receive regular care and treatment from a qualified physician on a continuing basis. For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer.

What to Expect—If Approved

If MetLife approves your disability claim, benefit payments will be issued. You will receive an Explanation of Benefits (EOB) statement and a letter confirming the period for which payments have been approved. If you subscribe to receive email notifications via MyBenefits, MetLife will also send an eAlert to your email address whenever your claim has a change in status.

You can view your claim status and payment details at www.metlife.com/mybenefits. Also, the Case Manager may contact you to:

- Advise you that your disability is approved
- Discuss your expected return-to-work date
- Inform you how frequently your case will be re-evaluated and when to expect follow-up calls.

What to Expect—If Denied

If your disability claim is not approved, in whole or in part, the Case Manager will:

- Contact you to explain why
- Inform your employer of the claim denial
- Send you a formal letter that states the reasons for the denial and explains the appeal procedure

Monitoring Your Progress

Frequent and open communication between you and your Case Manager is critical if you are to achieve a safe and timely return to work.

What to Expect—Case Management

Your Case Manager will call you periodically to discuss your recovery and to answer any questions you may have about the Disability Case Management Program. How often the Case Manager contacts you will depend on your individual circumstances and the expected duration of your absence from work. For extended absences, the Case Manager keeps a follow-up schedule of when to call you about your recovery progress.

Detach
and
keep
this
card

To initiate a disability claim, report your claim via the Web or call our toll-free number:

www.metlife.com/mybenefits or
1-866-729-9201

- Advise your Supervisor that you will be absent.
- Report your claim via the Web or phone if you are absent for more than 7 consecutive calendar days due to an injury or 14 consecutive calendar days due to Sickness. If the absence is scheduled, such as a hospital stay, you should call prior to your last day of work.

MetLife will mail an “Authorization to Disclose Information About Me” form to you immediately after you report your claim. You may also download this form from www.metlife.com/mybenefits; just click on the “Forms” link in the upper right hand corner of the navigation bar. It is important that you do the following:

- Complete all applicable areas of the form.
- Sign the form.
- Fax or mail the form as soon as possible to expedite your claim—retain original for your records.
- Provide your treating physician(s) with a signed copy. Failure to follow these steps could delay processing of your claim.

Your physician(s) may also ask you to sign his/her specific authorization form(s). Please do so. However, you must still complete, sign, and return the MetLife authorization form.