

How to file a Short-Term Disability (STD) using a paper claim form

Follow 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 within 30 days of your STD leave

Discuss the reason for your leave including:

- The length of your leave and your estimated return-to-work date.
- If you will need to take leave all at one time (continuous) or for shorter periods (intermittent), and if your health condition will require a reduced work schedule.
- If you have 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 the steps in this guide before starting your claim submission.

Step 2: Gather materials to support your claim

1. Important forms:

[Download Claim Form](#)

[Download Attending Physician Statement](#)

2. Please complete the **Claim Form** and sign a consent to allow MetLife to gather information to support your claim. Medical authorization is part of the claim form.
3. Please download the **Attending Physician Statement (APS)**. This is required to provide proof to support the reason for your claim.
4. When your leave qualifies for more than one benefit administered by MetLife (such as Short-Term Disability, state paid leave, and/or FMLA), you should complete **only one claim form** and submit authorizations and certifications once to support all your claims.
5. Important: In addition to providing your information on the form, you’ll need to include the details below about your employer’s benefit plan.

Employer (Business) Name: _____

Employer Contact Name: _____ Phone: _____

Email: _____

The codes below will help MetLife link your claim to your employer’s benefit plan. Please add these codes to your claim form in the “About Your Employer” section:

	Sub-code Number (Sub-Division)	Sub-Point Number (Branch)	Group Report Number
Short-Term Disability			

Complete your claim form and submit to MetLife

1. **Mail a paper form to:**
Metropolitan Life Insurance Company PO
Box 14590, Lexington, KY 40512-4590
2. **Fax a paper form to:** 1-800-230-9531



Choose one method to submit your claim form.

Step 3: What happens after I submit my claim form?

- **Within 2 - 4 business days** of filing your claim with MetLife, you will receive an Acknowledgement Package with important information regarding your claim(s).
- A MetLife claims specialist may contact you for additional details about you, your job, your condition, your treatment plan and 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 estimated return to work date.
- Your employer may be contacted to confirm employment and coordinate other eligible benefits.
- We'll follow up with a letter detailing any missing information to complete your claim, if needed.
- **MetLife will make a decision about your claim.**
 - Once a decision is made on your claim(s), you'll receive a call from a MetLife claims 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, please continue to tell your claims specialist when you're on leave so that benefits can be paid appropriately.

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 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.