



**COMPLETE THE STD claim form and submit to: [mtpmetlife@metlife.com](mailto:mtpmetlife@metlife.com)**

**Phone: Toll-free: 1-800-438-6388**

### **Filing a disability income claim**

Obtain a claim form from the employer and fill it out carefully. Return the completed claim form with the required proof to the employer. ***If you are unable to report for active work due to a sickness or accidental injury, and you think that you may be disabled, you should contact MetLife or your benefits representative to initiate a claim. We recommend that you do so no later than 14 days after the first day.***

You are unable to report for active work so that your claim can be processed in a timely manner. When you file an initial claim for disability income insurance benefits described in this certificate, both the notice of claim and the required proof should be sent to us within 90 days after the end of the elimination period.

**Notice of claim and proof for disability income insurance may also be given to us by following the steps set forth below:**

#### **Step 1**

You may give us notice by calling us at the toll-free number 1-800-275-4638 **within 20 days of the date of a loss.**

#### **Step 2**

We will send a claim form to you and explain how to complete it. You should receive the claim form Within 15 days of giving us notice of claim.

#### **Step 3**

When you receive the claim form, you should fill it out as instructed and return it with the required proof described in the claim form. If you do not receive a claim form within 15 days after giving us notice of claim, proof may be sent using any form sufficient to provide us with the required proof.

#### **Step 4**

You must give us proof not later than 90 days after the end of the elimination period.

If notice of claim or proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and proof are given within 90 days after the end of elimination period or if it is not reasonably possible to give notice of claim or proof within such period, they are given as soon as is reasonably possible thereafter.

### **Items To Be Submitted For A Disability Income Insurance Claim**

When submitting proof on an initial or continuing claim for disability income insurance, the following items may be required:

**Documentation which must include, but is not limited to, the following information:**

- **The date your disability started;**
- **The cause of your disability;**
- **The prognosis of your disability;**
- **The continuity of your disability; and**

**Your application for:**

- Other benefit sources;
- Federal social security disability benefits; and
- Workers' compensation benefits or benefits under a similar law.
- Written authorization for us to obtain and release medical, employment and financial information and any other items we may reasonably require to document your disability or to determine your receipt of or eligibility for other benefit sources.

- Any and all medical information, including but not limited to:
  - X-ray films; and
  - Photocopies of medical records, including:
    - histories;
    - Physical, mental or diagnostic examinations; and
    - treatment notes; and
- The names and addresses of all:
  - Physicians and medical practitioners who have provided You with diagnosis, treatment or Consultation.
  - Hospitals or other medical facilities which have provided You with diagnosis, treatment or Consultation; and
  - Pharmacies which have filled Your prescriptions within the past three years; and
  - Additional proof elements as required and described within the additional plan provisions for which you are filing a claim for benefits.

**Time Limit on Legal Actions.** A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.