



Short-Term and Long-Term Disability

State of Tennessee

Insuring Your Income. Protecting Your Financial Security.

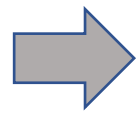
PARTNERS
FOR HEALTH

What's new in 2024?

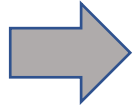
Changes to 2024 Disability Plans:

- Long-Term Disability coverage with MetLife will be offered to State and Higher Ed employees effective January 1, 2024
- Effective January 1, 2024, all eligible central state government and state higher education employees will be enrolled in LTD Plan Option 3 which is 100% employer paid.
- There will not be any Statement of Health application requests for Long-Term Disability.

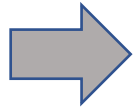
WHY IS DISABILITY INCOME INSURANCE SO IMPORTANT?



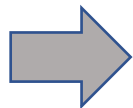
Replaces a percentage of income lost due to sickness, pregnancy or accidental injury



Helps you to **cover your essential living expenses** if you are sick or hurt and cannot work. An example of expenses are car payments, mortgage payments, groceries, childcare, tuition and more.



Short-Term Disability insurance replaces a portion of your income during disability for up to 26 weeks.



Long-Term Disability insurance replaces a portion of your income for disabilities that last for an extended period of time.

How do I enroll and pay for coverage?

How do I apply for coverage?

- Apply for Short-Term Disability online in Edison ESS. Be sure to apply during your Annual Enrollment period (October 1 – October 13, 2023). Deadline is October 13 at 4:30 p.m. CT.
- You must apply during the 2024 Annual Enrollment period. A full Statement of Health form is required for all Short-Term Disability new applicants and current participants who wish to increase coverage for Short-Term Disability only.
- Once you apply for Short-Term Disability or if you wish to switch from Option B to Option A, MetLife will mail you the full Statement of Health form. The SOH can also be found online at tn.gov/PartnersForHealth or metlife.com/StateOfTN. Your completed SOH must be emailed or mailed to MetLife with a postmark no later than November 15.
- Employees of state offline agencies can select LTD Option 1, 2, 3 or 4 during the 2024 Annual Enrollment period.

How do I pay for coverage?

- Central State Government and State Higher Education Employees: Coverage for short-term disability and long-term disability options 1, 2 and 4 is paid through payroll deductions. The employer pays for LTD Option 3, for which employees are automatically enrolled.
- State Offline Agency Employees: All short-term and long-term disability coverage is paid for by the member. Consult with your Agency Benefits Coordinator regarding the details of premium payment.

SHORT-TERM DISABILITY PLAN HIGHLIGHTS

	Option A	Option B
Eligibility	All employees working not less than 30 hours/week; seasonal employees hired prior to July 1, 2015, with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	
% of Gross Annual Base Salary¹ Paid Weekly	60% of salary paid weekly	
Maximum Weekly Benefit	Up to \$2,500	
Minimum Weekly Benefit²	\$25	
Elimination Period	14 calendar days	30 calendar days
Maximum Benefit Period	26 weeks	
Evidence of Insurability (EOI)³	Guaranteed Issue (no health questions asked) for new hires who enroll within 30 days of eligibility date. A full Statement of Health is required for all new applicants and for current participants in Option B electing Option A during the 2024 Annual Enrollment period.	
Pre-Existing Condition⁴	None	

¹ For 2024 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2023. Coverage, if approved by MetLife, will be effective January 1, 2024. If additional medical review is required, your effective date could be later than January 1, 2024.

² The Minimum Monthly Benefit will not apply if you are receiving 100% of Your Predisability Salary under the Policyholder's paid leave policy, which includes annual, sick and comp time.

³ MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate

⁴ Pre-existing Condition means a Sickness or accidental injury for which you: 1) received medical treatment, consultation, care or services; or took prescribed medication or had medications prescribed; in the 3 months before Your insurance under the certificate takes effect.

SHORT-TERM DISABILITY PLAN RATES

STD COST: PER \$100 OF MEMBER'S COVERED MONTHLY SALARY	
Option A: 60%, 14 day elimination period	\$0.41
Option B: 60%, 30 day elimination period	\$0.33

CALCULATE YOUR MONTHLY PREMIUM FOR SHORT-TERM DISABILITY

For this example, we're using an employee with a salary of \$45,000 annually, selecting Option A

STEPS	EXAMPLE
1. Determine your covered monthly salary (annual salary ¹ divided by 12.) If your annual salary exceeds \$216,666.84 enter \$18,055.57 as your covered monthly salary. ²	$\$45,000 \div 12 = \mathbf{\$3,750}$
2. Divide covered monthly salary by \$100 to get your per \$100 of covered monthly salary	$\$3,750 \div 100 = \mathbf{\$37.50}$
3. Calculate your approximate monthly premium (Multiply your per \$100 of covered monthly salary by the appropriate cost from the chart above based on option elected)	$\$37.50 \times \$0.41 = \mathbf{\$15.38}$

¹ For 2024 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2023. Coverage, if approved by MetLife, will be effective January 1, 2024. If additional medical review is required, your effective date could be later than January 1, 2024.

² The amount of STD benefit may not exceed the Maximum Weekly Benefit established under the plan of \$2,500 regardless of your annual salary amount. Therefore, the maximum covered monthly salary eligible for benefit is \$18,055.57, or \$216,666.84 annually. This will be the same for Option A or B

Claim Example Information

NOTE: The Maximum Benefit Period Duration for STD is 26 Weeks. However, each disability is different so not all disabilities will result in the full 26 week benefit period being approved. These examples are for illustrative purposes only. **Every disability may be different. Accrued leave is per work day and is hourly based. Accrued leave varies by individual. Elimination Period is calendar day based.** Benefits payable during the payable benefit period may be reduced by other sources of income, e.g. worker's compensation, unemployment insurance, and sick leave bank. See the STD certificate of coverage for [Higher Ed](#) and [State](#) employees for a comprehensive list of other sources of income which may reduce the STD benefit.

Frequently Asked Questions about disability benefits due to pregnancy

Is there a difference in the amount of disability time allowed for a cesarean delivery versus a normal delivery?

Generally:

- Normal vaginal delivery disability period is six weeks from date of delivery, and
- Cesarean delivery disability period is eight weeks from date of delivery.

Can I receive disability benefits for any period of time prior to my expected date of delivery (prepartum)?

In many cases, women are able to work up until their delivery. However, there are times when problems may arise and there is a need to take an early maternity leave. Ante-partum time (prior to delivery) of up to two weeks is allowed without requiring medical documentation. However, if your first day absent is more than two weeks before delivery, then medical documentation must be sent to MetLife.

What if I have problems with my pregnancy and need to be out of work earlier or longer than expected?

You should start a claim for disability. MetLife will notify your doctor and request medical information to evaluate your disability. MetLife will use the medical information to make a claim decision.

When are benefits payable?

The benefit period will begin the day after you satisfy the elimination period of either 14 or 30 calendar days. However, benefits are only payable after all accrued paid leave (annual, sick leave and comp time) has been exhausted.

When should I file my disability claim?

Typically, you should file your claim on the last day worked. However, you should [check your employer's plan documents](#) and the [FAQs](#) on the MetLife Disability website for more information: <https://metlife.com/StateofTN>

How do I file my disability claim?

MetLife offers claim filing through the internet, via telephone, or paper. However, you should check your employer's plan documents and the FAQs on the MetLife Disability website for more information: <https://metlife.com/StateofTN>

How will I know when a decision about my claim has been made?

A MetLife case manager will call you and provide a letter outlining the claim decision.

What information does my doctor need to provide to MetLife for my disability?

Your doctor will need to confirm your pregnancy and provide dates (due/delivery date). The doctor will also need to advise if there is anything else that the case manager should be aware of to assist with the handling of your disability claim.

LONG-TERM DISABILITY PLAN HIGHLIGHTS

	Option 1	Option 2	Option 3	Option 4
Eligibility	All employees working not less than 30 hours/week; seasonal employees hired prior to July 1, 2015, with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law or action of the State Insurance Committee.			
% of Gross Annual Base Salary¹ Paid Monthly	60% of salary paid monthly		63% of salary paid monthly	
Maximum Monthly Benefit	Up to \$7,500 per month (covers annual salary of \$150,000)		Up to \$10,000 per month (covers annual salary of \$190,476.24)	
Minimum Monthly Benefit²	Greater of 10% of benefit or \$100 per month			
Elimination Period	90 calendar days	180 calendar days	90 calendar days	180 calendar days
Own Occupation	24 months	24 months	36 months	36 months
Duration of Benefit	Disabled prior to age 65, benefits end at Social Security normal retirement age. Disabled at age 65, benefits end after 24 months; age 66, 21 months; age 67, 18 months; age 68, 15 months; age 69+, after 12 months			
Evidence of Insurability	Guaranteed issue (no health questions asked) for 2024 Annual Enrollment or for New Hires who enroll within 30 days of eligibility date.			
Pre-Existing Condition³	Three months prior to effective date and 12 months from effective date			

¹ For 2024 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2023. Coverage, if approved by MetLife (for STD), will be effective January 1, 2024. If additional medical review is required, your effective date could be later than January 1, 2024.

² The Minimum Monthly Benefit will not apply if you are receiving 100% of Your Predisability Salary under the Policyholder's paid leave policy, which includes annual, sick and comp time.

³ MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

⁴ Pre-existing Condition means a Sickness or accidental injury for which you: 1) received medical treatment, consultation, care or services; or took prescribed medication or had medications prescribed; in the 3 months before Your insurance under the certificate takes effect.

LONG-TERM DISABILITY PLAN RATES

2024 Monthly Premiums for Long-term Disability

LTD: EMPLOYEE'S AGE (PER \$100 OF COVERED MONTHLY SALARY)										
Benefit %/ Elimination Period	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Option 1 60%/90 days – Employee Premium	\$.06	\$.06	\$.12	\$.17	\$.22	\$.27	\$.32	\$.42	\$.28	\$.28
Option 2 60%/180 days – Employee Premium	\$.05	\$.05	\$.09	\$.14	\$.17	\$.21	\$.25	\$.33	\$.22	\$.22
Option 3 63%/90 days – Employee Premium for State Offline Agencies	\$.07	\$.07	\$.14	\$.21	\$.27	\$.33	\$.39	\$.52	\$.34	\$.34
Option 3 63%/90 days – Employee Premium for Central State Government and State Higher Education	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
Option 3 63%/90 days – Employer Premium for Central State Government and State Higher Education	\$.278	\$.278	\$.278	\$.278	\$.278	\$.278	\$.278	\$.278	\$.278	\$.278
Option 4 63%/180 days – Employee Premium	\$.06	\$.06	\$.12	\$.17	\$.21	\$.26	\$.31	\$.41	\$.27	\$.27

¹ Annual salary is based on your salary as of September 1, 2023. See FAQs for new hire and annual adjustment information.

² The amount of LTD benefit may not exceed the Maximum Monthly Benefit established under the plan of \$7,500 for Options 1 or 2, or \$10,000 for Options 3 or 4, regardless of your annual salary amount. Therefore, if you select Option 1 or 2, the maximum covered monthly salary eligible for benefit is \$12,500, or \$150,000 annually. If you select Option 3 or 4, the maximum covered monthly salary eligible for benefit is \$15,873.02, or \$190,476.24 annually.

IT'S EASY TO TAKE THE FIRST STEP

1

Enroll online in Edison ESS, during your enrollment period, October 1 – October 13, 2023

- There is no SOH application for LTD with all eligible central state government and state higher education employees being automatically enrolled in LTD Option 3.

2

Once application for enrollment is keyed into Edison ESS, the following will occur for 2024 Annual Enrollment

- The State of Tennessee will send a daily email to MetLife with a list of STD applicants. This will speed up the process for applicants to receive their Statement of Health application to submit by November 15, 2023.
- MetLife will be posting the SOH applications on our Microsite at: www.metlife.com/stateoftn > Support > Documents
- The State of Tennessee will be sending out an email notifications throughout Annual Enrollment to those that apply for 2024 STD benefits. The notification will explain that a Short-Term Disability SOH application either has or will be mailed to the person's mailing address in Edison. It will advise the application will need to be completed and sent back to MetLife to be reviewed. It will also include the direct links (same as above) to the application posted on the microsite.

IT'S EASY TO TAKE THE FIRST STEP

3

MetLife will send an SOH decision letter to employee; Disability enrollment confirmation will be provided by the State

4

Effective Date – January 1, 2024. If additional medical review is required, the effective date could be later than January 1, 2024.

5

For questions and additional information, please call MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Mon – Fri) or visit <https://metlife.com/StateofTN>

Employee Communications

Sample Enrollment Information Packet

Short-Term and Long-Term Disability State of Tennessee – 2024 Plan Insurance Overview and Cost of Coverage

Enrollment Period Oct. 1 – Oct. 13, 2023 for State and Higher Education Employees

Short-term and long-term disability insurance are designed to provide you with continuing income while you are out of work due to an illness or accident. Usually, long-term disability benefits pick up where short-term disability benefits leave off.

Learn more about the coverage options available to you, special plan features and services and costs for coverage.

Long-Term Disability: All state and higher education employees will be automatically enrolled in LTD Option 3 at no cost. The state will pay the premiums for this coverage in 2024.

Short-Term Disability: Apply in Edison Employee Self Service Oct. 1 – Oct. 13, 2023 and submit your completed Statement of Health form to MetLife by Nov. 15, 2023. Calculate your estimated premium that will be conveniently deducted from your paycheck.

Short-Term Disability Insurance

	Option A	Option B
Eligibility	All employees working not less than 30 hours/week; seasonal employees hired prior to July 1, 2015, with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law or action of the State Insurance Committee.	
% of Gross Annual Base Salary¹ Paid Weekly	60% of salary paid weekly	
Maximum Weekly Benefit	Up to \$2,500	
Minimum Weekly Benefit²	\$25	
Elimination Period	14 calendar days	30 calendar days
Maximum Benefit Period	26 weeks	
Evidence of Insurability³	Guaranteed issue (no health questions asked) for new hires who enroll within 30 days of eligibility date. A full Statement of Health is required for new applicants and for current participants in Option B electing Option A during the 2024 Annual Enrollment period.	
Pre-Existing Condition⁴	None	

- For 2024 Annual Enrollment period, annual salary will be based on your salary as of Sept. 1, 2023. Coverage, if approved by MetLife, will be effective Jan. 1, 2024. If additional medical review is required, your effective date could be later than Jan. 1, 2024.
- The Minimum Weekly Benefit will not apply if you are receiving 100% of Your Predisability Salary under the Policyholder's paid leave policy, which includes annual, sick and comp time.
- MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.
- Pre-existing Condition means a sickness or accidental injury for which you: 1) received medical treatment, consultation, care or services; or took prescribed medication or had medications prescribed, in the 3 months before your insurance under the certificate takes effect.



1



Special considerations:

If you work in a state with state-mandated disability or paid medical leave benefits ("State Benefits"), you should carefully consider whether to enroll for this coverage. In California, Connecticut, Hawaii, Massachusetts, New Jersey, New York, Puerto Rico, Rhode Island, Washington, Oregon (starting 9/3/23), and Colorado (starting 1/1/24), if eligible, you must apply for State Benefits. Your STD benefit will be reduced by State Benefits or other government benefits that apply. Depending on your compensation, the amount of the State Benefit, and other factors, you may only receive the minimum weekly benefit. Please consider, based on your individual circumstances, whether you need additional coverage beyond the State Benefit.

Cost of coverage: Short-Term Disability Insurance

Short-Term Disability Insurance cost is based on the plan option you elect.

Short-Term Disability cost per \$100 of member's covered monthly salary	
Option A: 60%, 14-day-elimination period	\$.41
Option B: 60%, 30-day-elimination period	\$.33

Calculate your monthly premium for Short-Term Disability Insurance

For this example, we're using an employee earning \$45,000 annually, selecting Option A.

Steps	Example	Work Space
1. Determine your covered monthly salary <i>(Annual Salary⁵ divided by 12) If your Annual Salary exceeds \$216,666.64 enter \$18,055.57 as your covered monthly salary.⁶</i>	$\$45,000 \div 12 =$ \$3,750	
2. Divide covered monthly salary by \$100 to get your per \$100 of covered monthly salary	$\$3,750 \div 100 =$ \$37.50	
3. Calculate your approximate monthly premium <i>(Multiply your per \$100 of covered monthly salary by the appropriate rate based on option elected)</i>	$\$37.50 \times \$.41 =$ \$15.38	

- For 2024 Annual Enrollment period, annual salary will be based on your salary as of Sept. 1, 2023. Coverage, if approved by MetLife, will be effective Jan. 1, 2024. If additional medical review is required, your effective date could be later than Jan. 1, 2024.
- The amount of STD benefit may not exceed the Maximum Weekly Benefit established under the plan of \$2,500 regardless of your annual salary amount. Therefore, the maximum covered monthly salary eligible for benefit is \$18,055.57 or \$216,666.64 annually. This will be the same for Option A or B.

2

Statement of Health Form

MetLife National Accounts
1210 Abernathy Road
Building 800, Suite 1450
Atlanta, GA 30328

00001

MetLife

Group Benefits
Metropolitan Life Insurance Company
Group Policyholder: State of Tennessee

[Current Date]

Addr1 [If 5 lines, start here] 999999999999999999999999
Addr2 [If 5 lines, start here]
Addr3
Addr4
Street Address
City, ST, ZIP or Country Name if Foreign address 99999999

Please complete, sign and return the enclosed form

Important information – Please respond!

Why we're contacting you
There's an important step you need to take to complete your application for enrollment in the MetLife [Product name] offered through the State of Tennessee.

What you need to know
You've already enrolled through Edison Employee Self Service (ESS). In addition, you must provide us with medical evidence of insurability for your application for enrollment to be considered complete.

What you need to do
Please complete, sign and return the enclosed **Statement of Health Form**.
You may return your completed form by email (ghsubmissions@metlife.com), fax (+1-859-225-7909), or mail with a postmark no later than October 31st in the enclosed return envelope addressed to:
Metropolitan Life Insurance Company
Statement of Health Unit
PO Box 14069
Lexington, KY 40512-7909
You must have the completed form postmarked by October 31st.
Your enrollment application will remain pending until we review and approve your form. If approved, you'll receive confirmation of enrollment from the State of Tennessee. The confirmation will include the disability plan name and effective date.

What will happen if we don't hear from you
If we don't receive your completed form via email, fax or mail with a postmark no later than October 31st, we'll deny your enrollment.

We're here to help
You can reach us at 1-855-700-8001. Our customer service center is open Monday through Friday, from 7:00 a.m. – 10:00 p.m. Central Time.

INSTRUCTIONS
STATEMENT OF HEALTH FORM AND THE AUTHORIZATION FORM THAT FOLLOW THIS SECTION

tion and insurance information on the Statement of Health Form.
y # on the Statement of Health Form. The Employee's Name and the Employee's Social Security # must appear on the form.
sured to complete and send to MetLife.
INSURED (The Proposed Insured is the person for whom insurance is being requested. The Proposed Insured may be the
The Employee's Child). A separate Statement of Health Form must be completed by each Proposed Insured. Based on the
Employee, a Statement of Health Form is required to complete the employee's request for group insurance coverage for you, the

form and sign where indicated by an arrow.
indicated by an arrow.
with completed forms for your records and FAX, MAIL or EMAIL the original
mailed forms must be printed and signed before they are scanned and
38-6420, prompt 1 (Statement of Health Unit) or email us at
To Submit Completed Forms Email:
GHSubmissions@metlife.com
For Questions Email:
pol@metlifenet.com

may be required after MetLife's initial review of a completed Statement of Health Form. The additional information requested may be a
ary, or an Attending Physician Report. Correspondence will be sent within ten days by MetLife or our approved vendor. Incomplete
ation.
If coverage may be performed by our affiliates, MetLife Global Operations Support Center Private Limited and MetLife Services and
state or local law or by mutual agreement with the group customer. These service arrangements in no way alter Metropolitan Life
su. Your coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and

MetLife
Metropolitan Life Insurance Company, New York, NY 10108

FORM
INFORMATION (To be Completed by the Recordkeeper)

Association Group Customer # Reporting Location #
City State Zip Code

TION (To be Completed by the Employee)
Last Social Security # of Employee

(To be Completed by the Proposed Insured)

Relationship to Employee
 Self Spouse Child Male Female
City State Zip Code

Home Phone # Home Phone # Email Address

RESIDENTS: Spouse includes your registered Domestic Partner if you and your Domestic Partner are registered as
hers or reciprocal beneficiaries with a government agency or office where such registration is available.

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GEF09-1
ADM
(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana;
GEF09-1
ADM applies to residents of Connecticut, North Dakota and Utah)
Please complete all sections of this form. Incomplete forms will be returned to you.

GEF09-1
HEA
(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana;
GEF09-1
HEA applies to residents of Connecticut, North Dakota and Utah)
Please complete all sections of this form. Incomplete forms will be returned to you.

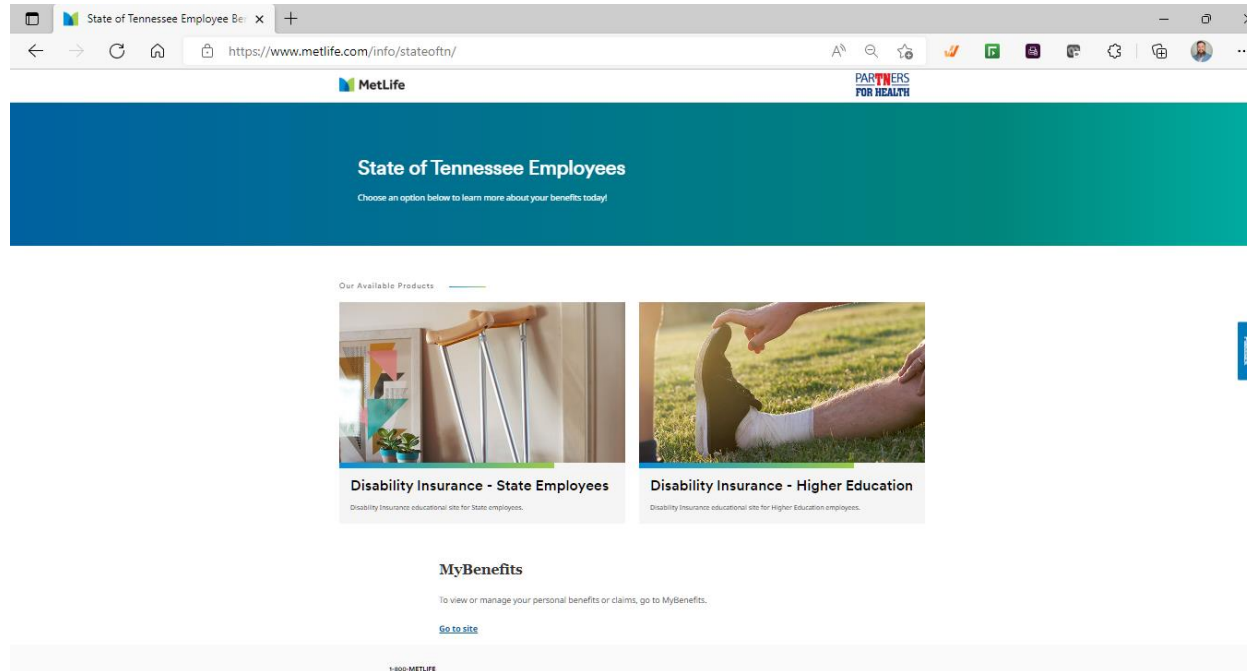
MetLife
Metropolitan Life Insurance Company, New York, NY 10108

Employee's Name
Employee's Social Security Identification #

Your weight _____ pounds Yes No
physician or other health care provider? If "yes" indicate type _____
Is your due date (month/year) _____ Telephone: () - -
2 years, used tobacco in any form?
medical treatment or counseling by a physician or other health care provider for, or been
care provider to discontinue, the use of alcohol or prescribed or non-prescribed drugs?
involved or driving while intoxicated or under the influence of alcohol and/or any drug?
\$) (month/year)
accidental death and dismemberment or disability insurance declined postponed
or issued other than as applied for? Indicate reason _____
any disability benefits, including workers' compensation?
ed below (not including well-baby delivery) in the past 90 days?
patient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long
living treatment whenever performed: chemotherapy, radiation therapy, or dialysis.
T, please answer the following questions: Have you ever been diagnosed or treated by a
r for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the
infection?
he following question: To the best of your knowledge and belief, have you ever been
r other health care provider for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related
odeficiency Virus (HIV) infection?
ed or given medical advice by a physician or other health care provider for:
vider? Indicate type _____
Indicate type _____
mphoma or tumors? Indicate type _____
ood disorder? Indicate type _____
sis? _____ Check if insulin treated _____
or other lung disease? Indicate type _____
other liver disorder? Indicate type _____
or other intestinal disorder? Indicate type _____
dizziness or other neurological disorder?
s (month/year) _____ Indicate type _____
ndrome or fibromyalgia? Indicate type _____
ocular dystrophy? Indicate type _____
tune disease or connective tissue disorder?
 rheumatoid other type _____
t or other musculoskeletal disorder? Indicate type _____
be disorder? Indicate type _____
r? Indicate type _____
tempted suicide or nervous disorder? Indicate type _____
and Prescription information on the next page, please provide full details in Section 2 for "yes" answers
to questions 8 through 11.

Resources

Online tools and educational materials can be found on the state of Tennessee microsite <https://metlife.com/StateofTN>. A link to the splash page can be found on the disability page on the ParTNers For Health website, too.



The microsite acts as a repository for employees to access all disability related materials. Plan overviews, case studies, FAQs, rates and calculator, coordination with accrued leave and Sick Leave Bank, how to file a claim, Enrollment Information Packet, etc.

For questions and additional information, please call MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Mon – Fri)

HOW TO FILE A CLAIM

How to file a claim...

- Call the **MetLife Claims Center** at the dedicated number: 1-855-700-8001
- The **Claims Center** is available
7 a.m. – 10 p.m. CT, Monday – Friday
- You can also file on claim **online**
at <https://mybenefits.metlife.com/MyBenefits>
- You can file a **Paper Claim** by downloading a form from
<https://mybenefits.metlife.com/MyBenefits>.
Send your completed claim form to the MetLife Claim's office address and / or fax number below.:

Metropolitan Insurance Company
PO Box 14590
Lexington, KY 40512

Fax: 1-800-230-9531

- You can track the status of your claim online or on the **MetLife US App**. Search "MetLife" on iTunes® App Store or Google Play to download the app.

Information Needed When Filing a Claim

Information we may need from the member...

- **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/absence, 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 healthcare provider.
- **Authorization to Release Your Medical Information** - the release of your medical information to MetLife may be required. You should inform your healthcare provider(s) that MetLife will be administering your claim or leave and that you authorize the release of your medical information to the MetLife claims office.

