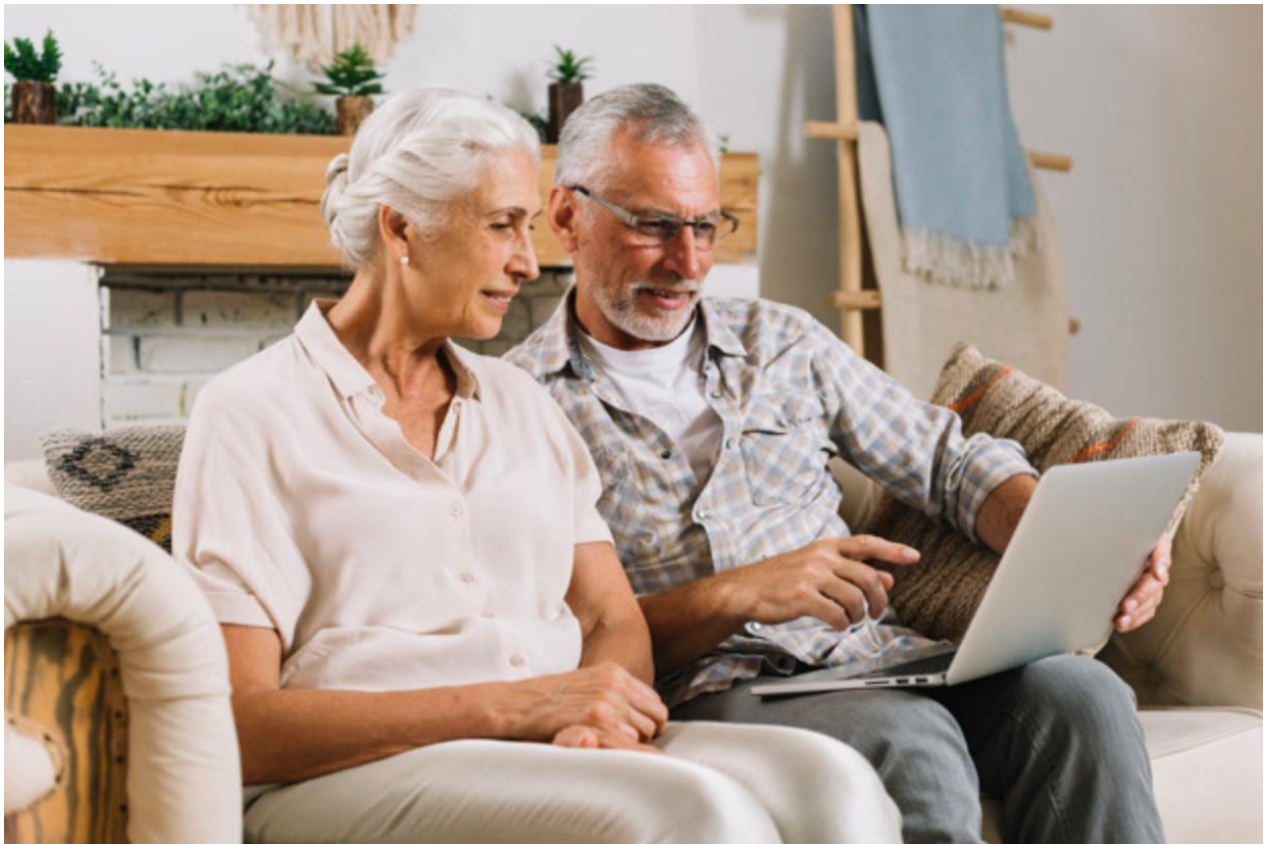


GSSP MetLink User Guide

Life Claims



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L0122019245[exp0323]
[All States and All Territories]

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Overview

MetLink is a secure portal available on web and mobile platforms (Tablet) that offers a host of benefits administration capabilities supporting the many products and services available through MetLife

The MetLink Life Claims experience offers access to life insurance claim information and details and the ability to submit a life claim. This feature provides easy access to information needed to support participants and business administrative functions. Users may be entitled to inquiry only or inquiry and intake functionality.

Life User Guide

This guide will help users navigate the capabilities and features available for Life Claims online. The features to be covered in this guide include:

- MetLink Dashboard
- Claims Searches
- Claim information and details
- Downloading claim details
- Upload supporting document to the claim
- Filing a claim

1. Dashboard

The screenshot shows the MetLink dashboard interface. At the top, there are two tabs: "DASHBOARD" (selected) and "CLAIMS". Below the tabs, the main header area features the text "Welcome to MetLink" and a sub-header "We've simplified how you can view and manage your employees' benefits. You have access to key features right at your fingertips, which gives you the ability to quickly view claims, request claims reports and much more." To the right of this text is a photograph of two children playing hula hoops outdoors. Below the header, the dashboard is divided into three main sections: "Important Messages" (with a paragraph of text), "Claims Center" (with a dropdown menu for "Select a Product" and a "SEARCH" button), and "Enrollment Services" (with links for "Add / View / Change Employee(s)" and "View Statement of Health").

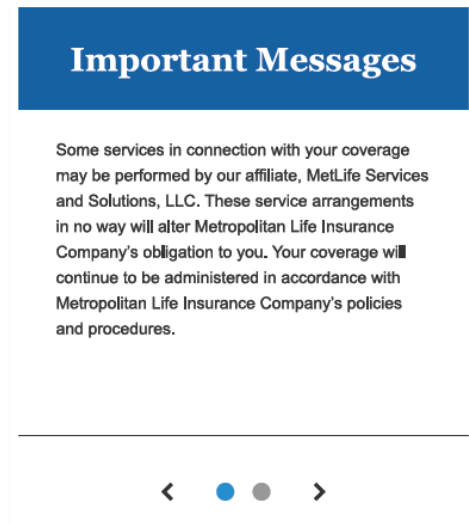
When logging in, the user will land on the **Dashboard page**. The Dashboard tab (located in the navigation bar) is highlighted to let a user know where they are in MetLink.

There are many functions and features available from the Dashboard page that include Important Messages and Claims Center information.

Important Messages

The Important Messages feature provides users with access to site-level information such as upcoming maintenance activity, etc.

Directional arrows are available at the bottom of the card to navigate to next or previous message(s) if multiple messages are posted.



Claims Center

The Claims Center feature enables users to search for claims by selecting a Product and Employee Identifier. A drop-down menu is provided so the user can select Life from a selection of MetLife Products (the list will populate based on the products you have access to).

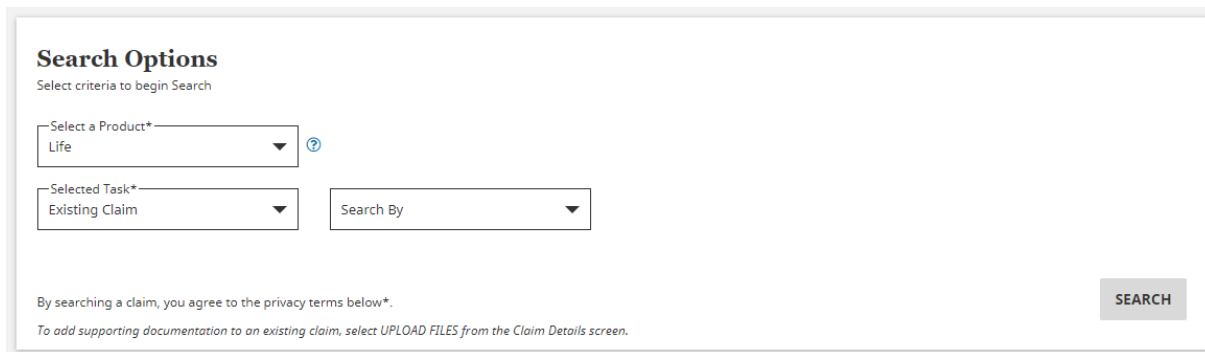
Next, the user will choose which attribute they want to *Search By*. Users can *Search By* in one of two ways: Employee Identifier or Claim Number.

- If a user chooses Employer Identifier, they must enter an Employee Last Name, Employee SSN, or Employee ID (if applicable). At least two characters are required.
- If a user chooses Claim Number, they must enter a valid 11-digit string.

Click the SEARCH button to view the search results.

2. Claims

The Claims tab, found on the navigation bar at the top of the screen, brings the user to the Claims Search Options page.



Search Options
Select criteria to begin Search

Select a Product*
Life

Selected Task*
Existing Claim

Search By

By searching a claim, you agree to the privacy terms below*.
To add supporting documentation to an existing claim, select **UPLOAD FILES** from the Claim Details screen.

SEARCH

Users can search via the Claims Center card from the dashboard or the Claims tab in the navigation bar using the Search Options feature. The results are the same. The available product search features are based on the products or services the employer has with MetLife and/or the product features individuals have been granted access to view. Access to claims may also be limited based on individual security profiles.

Claims Search

When conducting a claims search from the Dashboard or Claims tab, the user must select a value for each search option. When searching for a claim, follow these steps:

1. For Product selections, click on the drop-down arrow to view choices available for selection. When only one product (Life) is available, the selection will default to that value.
2. Internal users will be prompted with a Customer Name/Number field which is predictive. This means entering the first few letters of a Customer Name/Number will lead to suggestions.
3. Be sure to click “Search” to execute the query.

Note the following:

- If the user needs additional explanation of what is required for each search option, click on the blue question mark displayed next to each option.
- The message ‘Please make a selection’ will display when an election is not made for one more of the required search results.

4. After clicking the SEARCH Button, the user may see multiple results – for example, if searching for the last name Smith, and multiple employees share that last name. When this happens, the user will be prompted to select a radio button to the left of the desired selection, and click on the CONTINUE button to navigate to the Claim Search Results screen.

	Name(FirstName LastName)	Employee ID/SSN
<input type="radio"/>	Jane Test	**** * 0000
<input type="radio"/>	Joe Test	**** * 0000
<input type="radio"/>	John Test	**** * 0000
<input type="radio"/>	Phil Test	**** * 0000

The user may click on the [Cancel](#) link or close icon (X) on the upper-right corner to return to the previous screen.

The user also has the option to [File a Claim](#).

If no result(s) are found, a user may proceed with filling a new claim or RETURN TO SEARCH as shown below.

No Search Results Found

There are no results for the search criteria entered.

If you can't find who you're looking for, you can [file a claim on someone not in the system.](#)

RETURN TO SEARCH

Claim Search Results

A search options screen example with claim search results is shown below.

The screenshot shows a web interface for searching claims. It is divided into two main sections: 'Search Options' and 'Claim Search Results'. The 'Search Options' section includes several dropdown menus and text input fields. A blue 'SEARCH' button is located to the right of these fields. The 'Claim Search Results' section features a table with columns for Claim #, Employee ID/SSN, Employee Name, Dependent Name, Submission Date, Claim Status, and Action. A 'Filter page view' dropdown is positioned above the table, and a 'Total Records : 1' indicator is at the bottom left. A 'Show 10 results per page' dropdown is at the bottom right. Five green circles with numbers 1 through 5 are overlaid on the image to highlight specific elements: 1 points to the 'Search Options' header, 2 points to the privacy terms text, 3 points to the 'Filter page view' dropdown, 4 points to the 'Employee Last Name' input field, and 5 points to the 'Show 10 results per page' dropdown.

Search Options 1
Select criteria to begin Search

Select a Product*
Life

Selected Task*
Existing Claim

Search By
Employee Identifier

Employee Identifier
Employee Last Name

Employee Last Name
TEST

2
By submitting a claim, you agree to the privacy terms below*.
To add supporting documentation to an existing claim, select **UPLOAD FILES** from the Claim Details screen.

SEARCH

Claim Search Results 3
Filter page view
[Expand all rows](#)

Claim #	Employee ID/SSN	Employee Name	Dependent Name	Submission Date	Claim Status	Action
0000000000	*****000	TEST, JANE		02/15/2010	Closed	⋮ +

Total Records : 1

5
Show 10 results per page

The Claim Search Results page includes:

- 1 **Search Options:** As above, this is where the user selects criteria to search for claims. Upon retrieving search results, this can serve as a reminder as to what search parameters were entered. Alternatively, a user can enter new parameters to run a new search. Again, the critical search criteria include Product (e.g., Life) and Employee Identifier. The user still can choose from Employee Last Name, Employee SSN and Employee ID.

Note: The view above shows the "Customer Name / Number" field for internal users to narrow their search criteria before entering an Employee Identifier or Claim Number.

- 2 **Claims Search Results:** This section of the webpage, below the search options, will show a list of claims resulting from the search criteria summarizing the following claim information (from left to right):

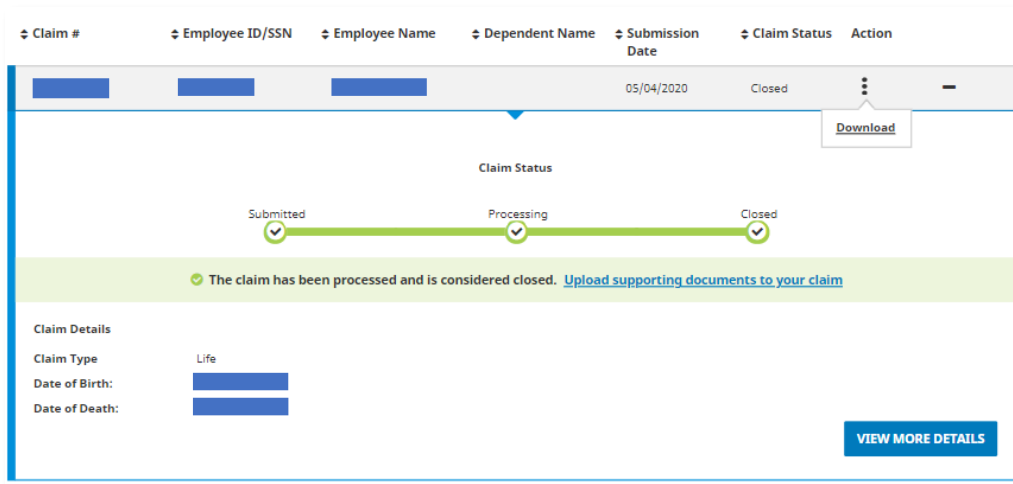
- Claim Number
- Employee ID/SSN (SSN will be masked)
- Employee Name

- Dependent Name (if applicable)
- Submission date
- Claim Status

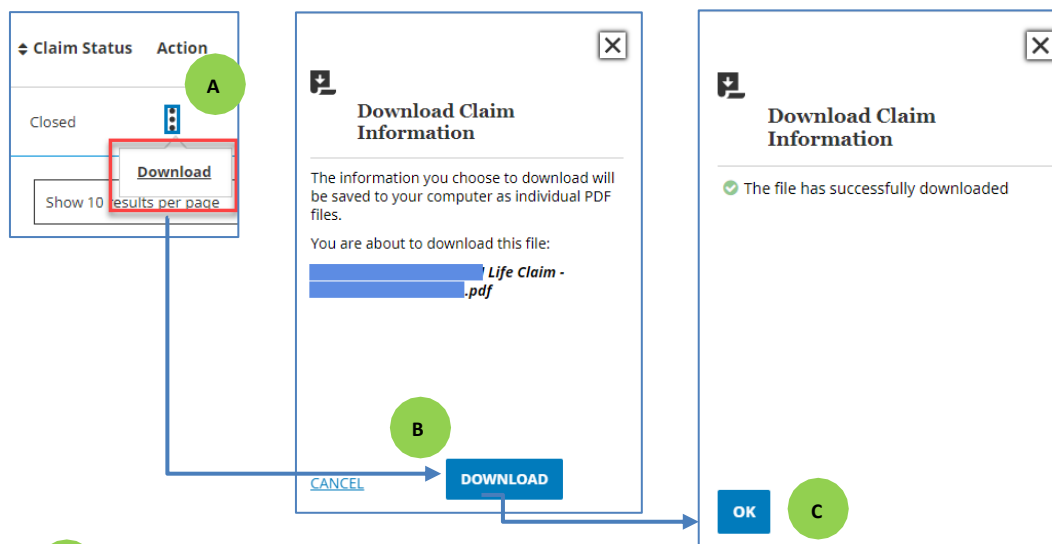
The columns above are sortable in ascending/descending order.

3 Further to the right, two icons allow a user to take further action.

Download Claim Information - Clicking the three vertical dots will display additional options for a user. In the example shown below, downloading the claim is the only option.



The steps to download a claim are shown below.



A Click on the three vertical dots

B Click the DOWNLOAD button on the *Download Claim Information* screen.

c Click the OK button on the *Download Claim Information* screen.

Clicking the + icon will expand the claim to reveal more details, including the claimant's date of birth and date of death. Users have the option to Upload Supporting Documentation for the Claim on this window. Once a claim has been expanded, the + icon will toggle to a - icon.

The blue View More Details button at the bottom right of this screen will take a user to a webpage with Expanded Claim Details, including the benefit amount and amount paid (see next page in User Guide for screenshot).

4 To view or change the filter criteria that was applied to the claim's data for each column such as the Claim Status or Claim Type, select the Filter Page View drop-down on the top right of the Claims Search Results screen.

The screenshot shows a filter interface for 'Claims Search Results'. On the left, there is a sidebar with a 'Filter page view' dropdown menu. The main area contains three filter sections: 'Claim Type', 'Claim Status', and 'Submitted Date'. The 'Claim Type' section has a dropdown menu set to 'Employ' and a list of checkboxes: 'All' (checked), 'Life', 'ABO', and 'AD&D'. The 'Claim Status' section has a dropdown menu set to 'All' and a list of checkboxes: 'All' (checked), 'Open', and 'Closed'. The 'Submitted Date' section has a dropdown menu set to 'Date Range'. An 'APPLY' button is located at the bottom right of the filter area.

5 A user may change the number of results displayed on the screen.

Expanded Claim Details

On this screen, a user can find Claim Summary and Coverage Information, a Payment Summary, and Beneficiary Information.

The user may also [Search Again](#) to initiate a new search.

A Claim Summary, Coverage Information and Beneficiary Information example is shown on the next page.

Claim Summary

Insured's Name: [REDACTED]
 Insured's Date of Birth: [REDACTED]
 Insured's Date of Death: [REDACTED]
 Claim Type: Life
 Claim Status: Closed
 Employee Name: [REDACTED]
 Employee SSN: [REDACTED]

Employee ID: Not Available
 Submission date: 05/13/2020

Basic Life- Employee

Coverage Information

Claim Status: Approved
 Report Number: [REDACTED]
 Sub Code: 0002
 Branch Number: 00001

Payment Summary

Benefit Amount: \$174,000.00
 Amount Paid: \$174,000.00
 Balance: \$0.00

Beneficiary Information

Beneficiary Name: [REDACTED]
 Designated as: Primary Beneficiary
 Benefit Amount:
 Benefit Share: 50%
 Relationship: Spouse
 Payment Amount:
 Paid date: 05/19/2020
 Payment status: Paid
 Payment Method: Check
 Mailed to: Beneficiary

Beneficiary Name: [REDACTED]
 Payment Amount:
 Paid date: 05/19/2020
 Payment status: Paid
 Payment Method: Check
 Mailed to: Assignment

Beneficiary Name: [REDACTED]
 Designated as: Primary Beneficiary
 Benefit Amount: [REDACTED]
 Benefit Share: 50%
 Relationship: Child
 Payment Amount: [REDACTED]
 Paid date: 05/19/2020
 Payment status: Paid
 Payment status: Total Control Account
 Payment Method: Beneficiary
 Mailed to:

Optional Life (Employee)

Coverage Information

Payment Summary


Beneficiary Information

+
+
+

Please Note:

- The Benefit Share will only be shown when an amount is designated to a beneficiary as a percentage (i.e., 50%).
- If money is sent to an entity such as a funeral home (as opposed to an individual), the entity will be noted as an “Assignment” rather than a “Beneficiary.”
- If Optional Life coverage is applicable, a card for that product will be visible with the same information.

I want to...

In the upper right of this screen, an  dropdown field provides the user links to [View Uploaded Document History](#), [Download this claim](#) or [Upload a document](#).

[View Uploaded Document History](#)

When the user selects "View Uploaded Document History", an Uploaded Document History screen will appear with the columns listed below:

- Document Number – Displays the serial number for each document. This number is created by the system.
- Document Name – Displays the name of the document and type, (e.g. - sample.doc, sample1.jpeg). Clicking on the document name opens the document (this experience may vary slightly based on the browser and document type).
- Document Type - Displays the document type, (e.g. – Death Certificate, Claimant Statement, etc.)
- Upload Date - Displays the date that the document was uploaded to the system. The documents are displayed in descending order by date (recent documents will be displayed at the top)
- Uploaded By - Displays the name of the user who uploaded the document
- Select – Displays radio buttons that the user may select to enable the DOWNLOAD DOCUMENT button. Only one button may be selected at a time.

An Uploaded Document History screen example is shown below:

Uploaded Document History					
Document Number	Document Name	Document Type	Upload Date	Uploaded By	Select
1	test.txt	Claimant Statement	11/26/2021	Test User	<input type="radio"/>
2	New Microsoft Word Document (2).docx	Claimant Statement	11/24/2021	Test User	<input type="radio"/>
3	New Text Document (2).txt	Claimant Statement	11/24/2021	Test User	<input type="radio"/>
4	samplecsv.csv	Assignments	8/24/2021	Test User	<input type="radio"/>
5	Test_Life_Upload.txt	Assignments	8/24/2021	Test User	<input type="radio"/>

Total Documents : 50

[DOWNLOAD DOCUMENT](#)

The user may also download a document directly from this screen by clicking the document name link.

Uploaded Document History					
Document Number	Document Name	Document Type	Upload Date	Uploaded By	Select
1	test.txt	Claimant Statement	11/26/2021	Test User	<input type="radio"/>
2	New Microsoft Word Document (2).docx	Claimant Statement	11/24/2021	Test User	<input type="radio"/>
3	New Text Document (2).txt	Claimant Statement	11/24/2021	Test User	<input checked="" type="radio"/>
4	samplecsv.csv	Assignments	8/24/2021	Test User	<input type="radio"/>
5	Test_Life_Upload.txt	Assignments	8/24/2021	Test User	<input type="radio"/>

Total Documents : 50

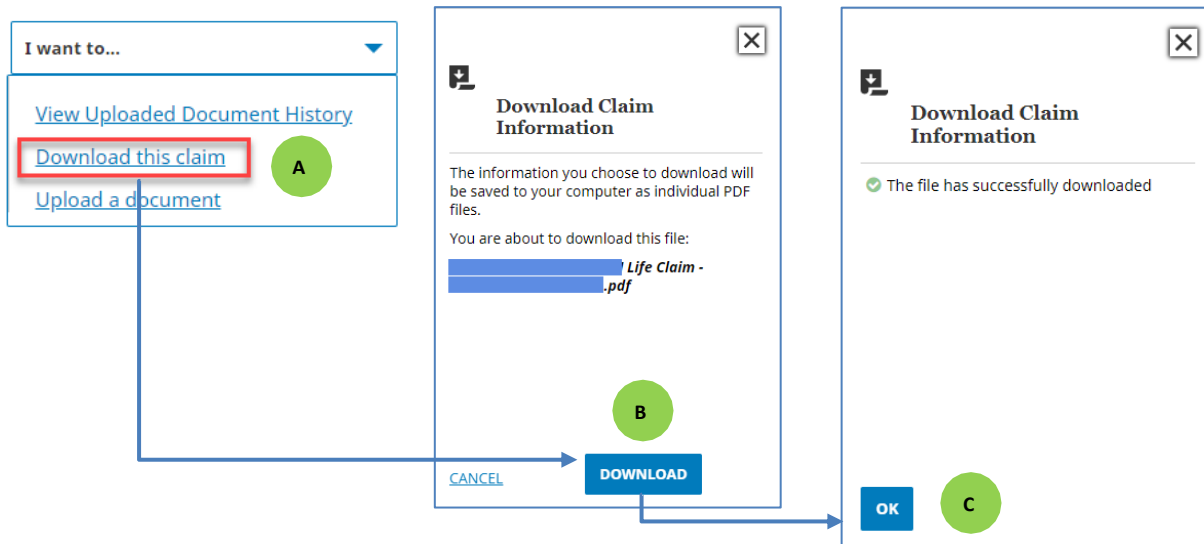
[DOWNLOAD DOCUMENT](#)

Note:

Documents uploaded in MetLink prior to August of 2021 may display blanks in some columns. However, the user will still be able to download all documents that are displayed.

[Download this claim](#)

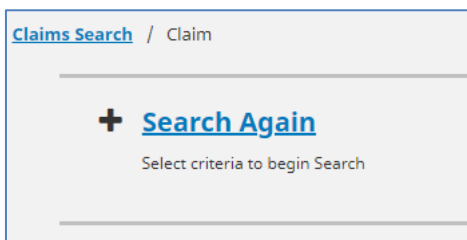
When the user selects [Download this claim](#) from the “I want to...” dropdown, a Download Claim Information screen will appear. The user may follow the steps below to download claim information.



- A** Click on the [Download this claim](#) link
- B** Click the DOWNLOAD button on the *Download Claim Information* screen.
- C** Click the OK button on the *Download Claim Information* screen.

Search Again Functionality

The user may also initiate a new search by clicking on the **+** button or the [Search Again](#) link (Examples are below) to initiate a new search.

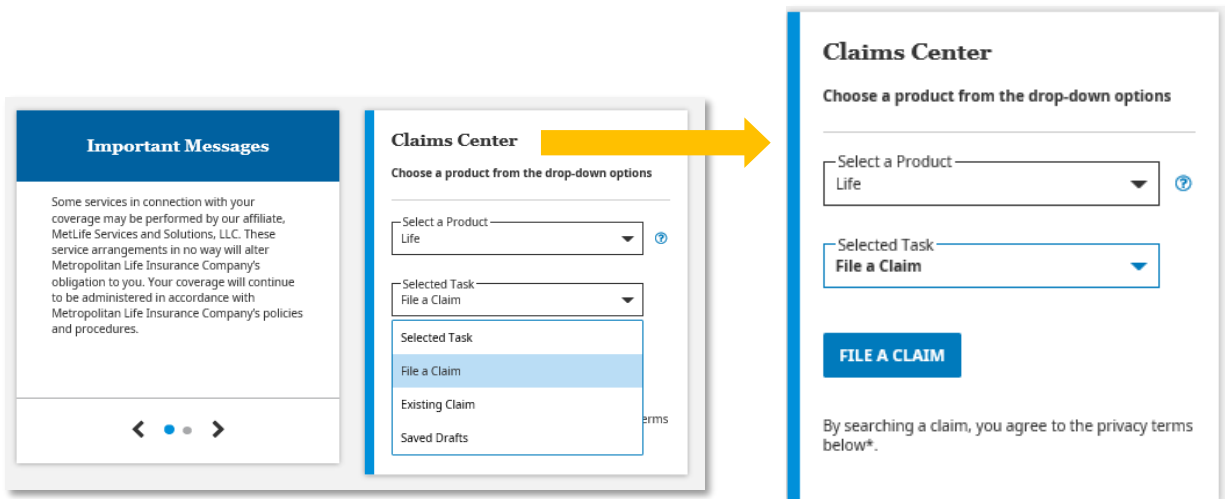


The *Search Again* fields shown below provide same search functionality described on pages 5 and 6.

3. Filing a Claim

To file a claim, a user will return to the MetLink homepage and navigate to the Claims Center card.

- 1) Select “Life” from the first drop-down menu
- 2) Select “File a Claim” from the Task drop-down menu
- 3) A blue button that reads “File a Claim” will appear below the menus. Click the FILE A CLAIM button.



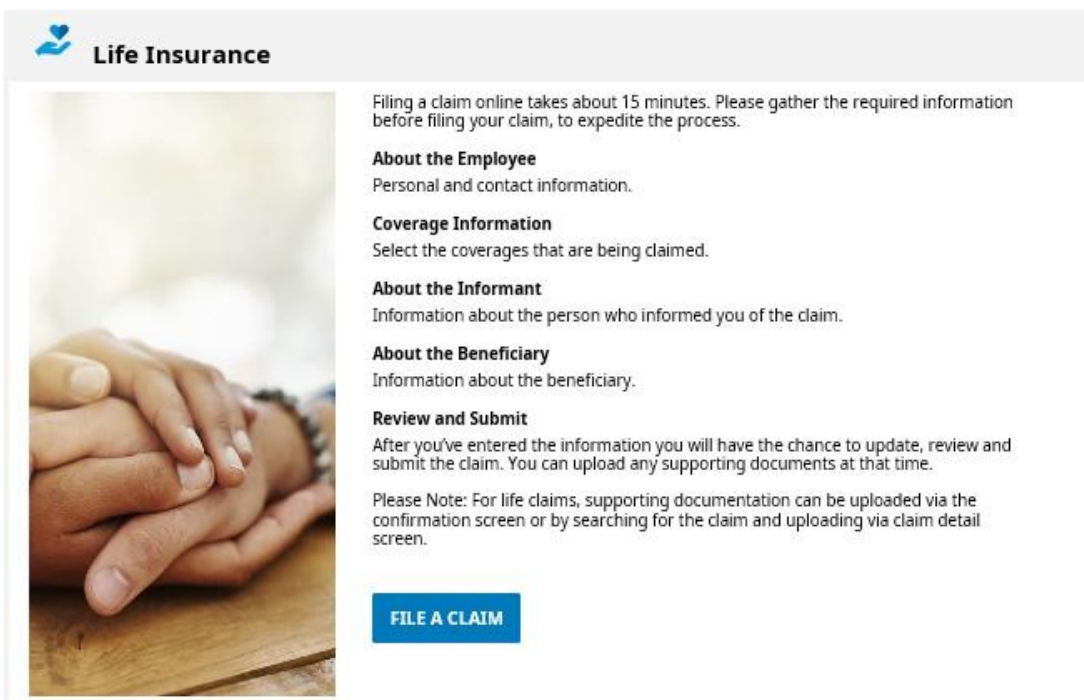
There are three types of claims that can be submitted online for employees and dependents:


1. Life
2. Accelerated Benefits Option (ABO)
3. Accidental Death and Dismemberment

The user may also file a new claim from the screens listed below:

1. *Claims Center* screen described in page 4
2. *Multiple Search Results Found* screen described in page 6
3. *No Search Results Found* screen also described in page 6
4. *Search Saved Drafts* screen described in page 35

The system will navigate the user to the life claim submission screen shown below. This screen provides an overview of the information needed to submit a life insurance claim. Clicking the FILE A CLAIM button navigates the user to the first step of the claim process.



 **Life Insurance**

Filing a claim online takes about 15 minutes. Please gather the required information before filing your claim, to expedite the process.

About the Employee
Personal and contact information.

Coverage Information
Select the coverages that are being claimed.

About the Informant
Information about the person who informed you of the claim.

About the Beneficiary
Information about the beneficiary.

Review and Submit
After you've entered the information you will have the chance to update, review and submit the claim. You can upload any supporting documents at that time.

Please Note: For life claims, supporting documentation can be uploaded via the confirmation screen or by searching for the claim and uploading via claim detail screen.

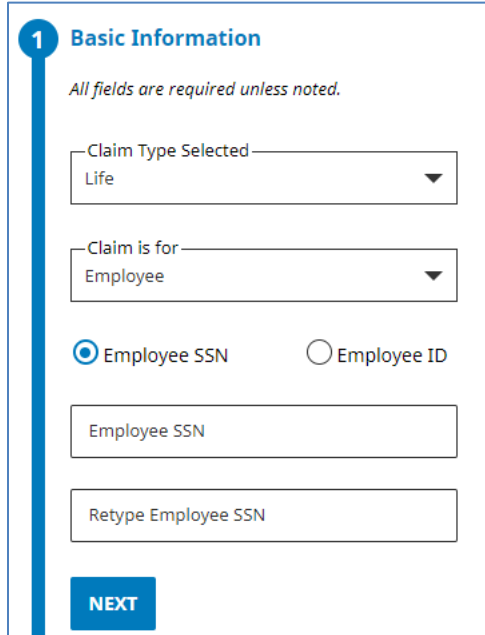
[FILE A CLAIM](#)

Submitting a Life Claim for an Employee

Step 1 – Basic Information

In Step 1, a user must select the claim type in the drop down and then indicate the claim is for the employee.

Then enter and re-enter the EmployeeSSN or Employee ID. Click the blue NEXT button.



1 Basic Information
All fields are required unless noted.

Claim Type Selected
Life

Claim is for
Employee

Employee SSN Employee ID

Employee SSN

Retype Employee SSN

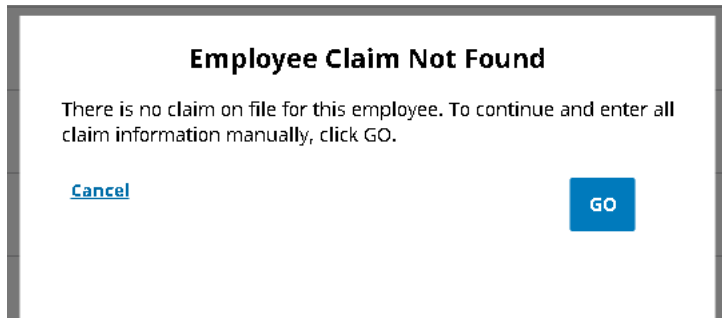
NEXT

For MetLife record-keeping customers, if the SSN entered is found, MetLink will pre-populate the employee's other identifying information such as date of birth, name and/or address for Step 2.

For non-MetLife record-keeping customers, if the SSN is not recognized, a user must enter information manually.

If an SSN or Employee ID is not found the user will see this screen.

The user may click [Cancel](#) to return to Section 1 – Basic Information or click the GO button to navigate to Section 2 – About the Employee



Employee Claim Not Found

There is no claim on file for this employee. To continue and enter all claim information manually, click GO.

[Cancel](#) **GO**

Step 2 – About the Employee

In Step 2, a user must enter all identifying information required for the claimant. Step 2 includes 4 sub-steps:

- A) Employee information
- B) Employment information
- C) Employee insurance information
- D) Employer information

From Step 2A, the user will enter information for Step 2B, followed by 2C and 2D as shown below.

Step 2A – Employee Information

The employee fields prompt the user for information such as first name, last name, gender, date of birth, address, and date of death.

Optional fields are indicated by “(if available)” —all other fields are required.

At the bottom of the screen, a user will have the opportunity to return to the previous step, save their claim progress to return to later, or advance to the next step.

The screenshot displays a web form titled "2 About the Employee" with the instruction "Please fill out all information on substeps." A progress bar at the top shows four sub-steps: A (Employee Information), B (Employment Information), C (Employee Insurance Information), and D (Employer Information). Step A is currently active and highlighted in blue. The form contains the following fields:

- First Name:** A required text input field with a red border and the message "This field is required" below it.
- MI (if available):** An optional text input field.
- Last Name:** A required text input field.
- Suffix (if available):** An optional dropdown menu.
- Gender:** Radio buttons for "Male" and "Female".
- Date of Birth (if available):** An optional date input field with a calendar icon and the number "19" indicating the year.
- Address Line 1 (if available):** An optional text input field.
- Address Line 2 (if available):** An optional text input field.
- Country (if available):** A dropdown menu currently showing "United States of America".
- State (if available):** A dropdown menu.
- City (if available):** An optional text input field.
- Zip Code (if available):** An optional text input field.
- Date of Death:** An optional date input field with a calendar icon and the number "15" indicating the day.

At the bottom of the form, there are three buttons: "Back" (a blue link), "SAVE FOR LATER" (a white button with a blue border), and "NEXT SECTION STEP" (a solid blue button).

From Step 2A, the user will enter information for Step 2B, followed by 2C and 2D as shown below.

Step 2B - Employment Information

The employment information fields prompt the user for the employee's employment information such as date of hire, employee status and the date when the employee was last physically at work.

Optional fields are indicated by "(if available)", all other fields are required.

At the bottom of the screen, the user may choose to return to the previous step, save their claim progress to return later, or advance to the next step.

2 About the Employee
Please fill out all information on substeps.

Employee Information **Employment Information** Employee Insurance Information Employer Information

Employee Type (if available) [dropdown]

Date of Hire [calendar icon]

Employee Status [dropdown]

Date when the employee was last physically at work [calendar icon]

Date when premium payments for employee stopped (if available) [calendar icon]

Was the employer-employee relationship terminated prior to the claim(s)?
 Yes No

Base Annual Earnings (if available) [dropdown]

Base Annual Earnings Effective Date (if available) [calendar icon]

[Back](#) [SAVE FOR LATER](#) [NEXT SECTION STEP](#)

Step 2C – Employee Insurance Information

This step asks questions regarding the employee's coverages for this claim as shown below.

2 About the Employee
Please fill out all information on substeps.

Employee Information Employment Information **Employee Insurance Information** Employer Information

Was life insurance cancelled? (if available)
 Yes No

Was a Total and Permanent Disability or Continued Protection (CP) disability waiver claim ever filed with MetLife for this employee? (if available)
 Yes No

Was an absolute assignment completed by the employee?
 Yes No

[Back](#) [SAVE FOR LATER](#) [NEXT SECTION STEP](#)

Step 2D - Employer Information

The employer information fields prompt the user for the employer's information such as customer name, address and contact information.

The user may associate their claim with previous claims if one has been submitted. In other words, if a life claim has already been submitted for your organization, click "Select a Customer/Entity Name". A new window will appear where a user can associate their claim with an existing customer/entity as shown below.

2 About the Employee
Please fill out all information on substeps.

Employee Information
 Employment Information
 Employee Insurance Information
 D Employer Information

Employer: COMPANY A, INC
 We will send notice of claim payment to the selected Customer/Entity Name's address.
 Select a Customer/Entity Name or create one.

OR

This field is required

?

?

United States of America

If the user clicks on the radio button and then clicks the CONTINUE button, the entity name, address and contact information will auto-populate.

Select a Customer/Entity Name ✕

The Customer/Entity Names below are associated with your organization. Please review the list, make a selection, and select CONTINUE.

<input type="radio"/> Customer/Entity Name	Address	<input type="radio"/> Contact
<input type="radio"/> Company A, Inc.	123 Test St, Anytown, Iowa, United States of America 12345	Phil Test
<input type="radio"/> Company AB, Inc.	132 Testing St, Anytown, Ohio, United	Joe Test

Total Results: 34

1
 2
 3
 4
 Phil Test

If this is the first claim for the customer, then the user should select “Create a Customer/Entity Name.”

They must then re-enter the organization’s basic identifying information as well as a designated contact to create this customer/entity. When all required information has been entered, click NEXT to advance to Step 3.

The user will have to confirm before advancing to Step 3 that they wish for MetLife to send notice of claim payment to the selected Customer/Entity as shown below:

Employer:
We will send notice of claim payment to the selected Customer/Entity Name's address.

Optional fields are indicated by “(if available)”—all other fields are required. At the bottom of the screen, the user may choose to return to the previous step, save their claim progress to return later, or advance to the next step.

Step 3 – About the Coverage

3 About the Coverage

Please complete the following coverage sections.

Select up to 5 enrolled coverages that are being claimed:

- Basic Life (Employee) (1)
- Personal Accidental Death (Employee) (1)

Did the employee elect an increase in coverage within the last 2 years?

Yes No

Basic Life (Employee) (1)

Coverage Amount

Option Description
Flat Amount

Coverage Level Effective Date

Is the date that coverage ended the same as date of loss? (if available)

Yes No

Coverage End Date (if available)

Coverage Structure

Select Report

Select Sub Code

Select Branch

[Back](#) [SAVE FOR LATER](#) [NEXT](#)

In Step 3, the user must confirm details about the claimant’s life insurance coverage. Up to 5 coverages may be selected.

Choosing a coverage will prompt more fields to appear below the list of coverage options so the user may provide more details about the coverage. This includes the coverage amount, option description (e.g., flat amount, multiple of salary), coverage level effective date, coverage end date and coverage structure

When all available and required information is entered for Step 3, click the blue NEXT button at the bottom of the screen.

Step 4 – Informant/Beneficiary Information

In Step 4, a user must enter information about the informant who notified the organization of the loss, and whether they are the beneficiary for the coverage.

4 Informant/Beneficiary Information
All fields are required unless otherwise noted.

Informant Information
Complete the Informant Information section if you have details about the person or entity that initially provided information about this claim, such as their name, address, phone number, relationship to the insured, etc.
Select "Yes," below, if you have obtained some or all of the informant information.

Do you have informant details?
 Yes No

Beneficiary Information
If you have a beneficiary designation on file that is signed – physically or digitally – by the insured, this section can be completed with those details.
If any of the following applies to your beneficiary designation, please answer "no" to the next question and upload the designation via the confirmation screen:

- Not signed at all
- Signed by anyone other than the insured, such as Power of Attorney, guardian or conservator, trustee or owner/assignee
- Signed in accordance with a court order such as a divorce decree
- Unclear, such as one in which the beneficiary is listed as both John Smith and Andy Smith

Do you have a completed designation?
 Yes No

Do you have any additional comments to add to this claim?
 Yes No

[Back](#) [SAVE FOR LATER](#) [NEXT](#)

Do you have informant details?
 Yes No

Is the informant a beneficiary?
 Yes No

Select Relationship (if available) ▼

First Name (if available) MI (if available)

Last Name (if available)

Preferred Contact Method (if available):
 Email Mobile Phone Mail

Address Line 1 (if available)

Address Line 2 (if available)

Country (if available) ▼

State (if available) ▼

City (if available)

ZIP Code (if available)

Phone Number (if available)

Mobile Number (if available) ?

Email (if available) ?

Informant details are not required, but if they are available, select Yes. This selection will display additional fields where the user can enter the informant's information, including their relationship to the deceased.

Note: If the informant is a beneficiary, the Select Relationship, First Name and Last name fields are required.

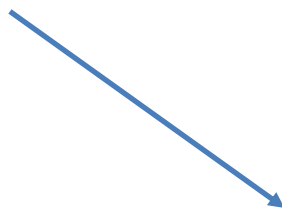
The user must also answer whether they have a signed designation of intended beneficiaries. If yes is selected, the user must indicate whether the designation was signed by the insured as shown below. Selecting yes or indicating that there is completed designation will create an additional step in the workflow (this will be a new “Step 5”) where you may enter specific information about designated beneficiaries.

Do you have a completed designation?
 Yes No

Is the completed designation signed by the insured?
 Yes No

Please Note – Beneficiary information must be completed and signed by the insured. Only a beneficiary designation that contains the insured’s signature or online web signature would be considered complete. Designations signed by power of attorney, no signature would be considered as NOT complete.

The user may add additional comments related to the claim by selecting the Yes button.



Do you have any additional comments to add to this claim?
 Yes No

Comments (if available):
Please enter your comments – 256-character limit

[Back](#) [SAVE FOR LATER](#) [NEXT](#)

Step 5 – Designate a Beneficiary

Clicking [Add Beneficiary](#) will display a form to the right of the screen as shown below. The user may enter basic information about the beneficiary, including whether they are a person, trust, etc., their relationship to the deceased, their preferred contact method, and preferred payment method.

The image shows a screenshot of a web application interface for designating a beneficiary. On the left, a sidebar titled "5 Designate a Beneficiary" contains instructions and a table for designating beneficiaries. A blue arrow points from the "Add Beneficiary" link in the sidebar to a modal form on the right.

Designate a Beneficiary
All fields are required unless otherwise noted. For the beneficiary to be retained when you save the claim, you must add the Individual and designate them as a primary or contingent in Step 4.
Note: You can designate up to 10 beneficiaries. To name additional ones, an Employer would need to send a Beneficiary Designation Form to MetLife.

Beneficiaries List
Add Beneficiary

Coverage Type
Basic Life (Employee) (1)

Primary Beneficiaries		
Name	Share	Relation/Type
Select Beneficiary	0.00 %	
Total Distribution: 0.00% (Remaining: 100.00%)		

If you have designated a beneficiary, Your total distribution must be greater than 0%

Is a signed beneficiary form on file?
 Yes No

Back SAVE FOR LATER NEXT

+ Add Beneficiary

Beneficiary Type
Person

Select Relationship (if available)

First Name

MI (if available)

Last Name

Suffix (if available)

Social Security Number (if available)

Date of Birth (if available)

Preferred Contact Method (if available)

Email (if available)

Address Line 1 (if available)

Address Line 2 (if available)

Country
United States of America

State (if available)

City (if available)

Zip Code (if available)

Phone Number (if available)

Extension (if available)

Mobile Number (if available)

Has a funeral-home assignment been completed? (if available)
 Yes No

Select benefit payment to:
 Directly to Beneficiary
 Other (where proceeds are delivered to the beneficiary by the employer)

Cancel ADD

After adding beneficiaries, the user can associate beneficiaries with a selected coverage and specify them as primary or contingent

Upon entering all required information about the informant and beneficiaries (if applicable), select the blue NEXT button at the bottom of the screen to advance to Step 6.

Step 6 – Review, Edit and Submit

In Step 6, the user can view the information entered by expanding or collapsing sections of the submission. If any information must be changed, the user can click [Update](#) in the appropriate section to return to that step. The system will prompt the user to confirm that they want to return to a previous step.

Note: The information will be available as it was entered. However, changing information in one step may change information in the following steps.

6 Review, Edit and Submit
Please review your information to ensure its accuracy. Click Update to make any changes. When finished, click SUBMIT CLAIM. [Expand all](#)

Step 1: Basic Information +

Step 2: About the Employee +

Step 3: About the Coverage +

Step 4: Informant/Beneficiary Information +

Step 5: Designate a Beneficiary -

Beneficiaries List [Update](#)

Name	Relation/Type	
Jane Test	Select Relationship (if available)	-
Total Distribution:100.00%		

Contingent Beneficiaries

Name	Share	Relation/Type
N/A	0.00%	N/A
Total Distribution:0.00%		

Is a signed beneficiary form on file?: No

You must check both boxes and reconfirm your MetLink password to submit your claim.
I have previously read and consented to the following:

[Consumer Electronic Consent Statement](#)

[Fraud Warning](#)

Electronic Signature

I understand that by entering my password and clicking on the SUBMIT CLAIM button, I am signing and submitting the Employer's Statement for this claim to Metropolitan Life Insurance Company. This is a legally binding electronic signature. I acknowledge that the information provided for this claim is true and correct. This information will be used in the review and evaluation of the claim. Additional documentation may be needed based on the review.

Please reconfirm your MetLink password

If you have forgotten your password, please call 1-877-9METWEB (877-963-8932).

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After reviewing and (if necessary) updating the submission information, you will also be required to acknowledge receipt of MetLife's [Consumer Electronic Consent Statement](#) and [Fraud Warning](#). The user is required to enter their MetLink password. When the password is entered, click the blue SUBMIT CLAIM button at the bottom of the screen.

Step 7 – Claim Submitted

The system displays the message shown below when the submission is successful. This screen also includes additional information and describes the next steps.

6 Claim Submitted

✔ The claim for employee Jane Test has been submitted successfully

The claim information you provided has been transmitted to MetLife for review. Here is your claim number:
Claim Number: 22201000076

What's next?
You may wish to print a copy of this claim for your records now, as this feature will no longer be available once you leave this page. Note that you can always return to the Life Claims Inquiry page to obtain claim details on this or any other previously submitted claim. You can use the claim-search function and search by Employee SSN, Claim #, or Employee ID.

Upload documents
In order to complete the review of your claim, MetLife will need the last 2 years of enrollment history for any contributory coverage and the latest beneficiary designation. In addition, the claimant statement and original death certificate will need to be submitted for review. You can upload the supporting documentation here or you can mail documentation directly to Group Life Claims for processing.

IMPORTANT: Before attempting to upload documents, make sure they have been saved to the computer on which you are now logged in. To avoid problems with your upload, ensure that no files are password-protected.
* MetLife reserves the right to request additional documentation as required.

Standard Mail:
Metropolitan Life Insurance Company
Group Life Claims
P.O. Box 6100
Scranton, PA 18505

Overnight Mail:
Metropolitan Life Insurance Company
Group Life Claims
10 E.D. Preate Drive
Moosic, PA 18507

For assistance, please call 1-800-638-6420 or send a fax to 570-558-8645.

What do you want to do next?
[Print a copy of this claim](#)
[Upload supporting documentation for this claim](#)
[Submit another claim for your organization or finish an incomplete claim](#)

Three links are displayed at the bottom of the screen:

1. [Print a copy of this claim](#) - Clicking this link opens an additional screen with print options.
2. [Upload supporting documentation for this claim](#) – This link provides the ability to upload important documents such as a death certificate.

[Upload a Document](#)

This link provides users the ability upload claim related documentation such as a death certificate, beneficiary designation, or other documentation for the claimant.

Clicking this hyperlink will display a submission form that will appear on the right of the screen. An example is shown here. →


The user may either select a file using a file browser or drag and drop. The user must choose the document type for the upload as well (death certificate, beneficiary designation, claimant affidavit, etc.).

I want to... ▼

- [View Uploaded Document History](#)
- [Download this claim](#)
- [Upload a document](#)

Upload a Document

Drag and drop files or upload them, below.



Drag and Drop

[Browse](#) your files to upload

Acceptable file types: .jpg, .jpeg, .tif, .tiff, .pdf, .doc, .docx, .xls, .xlsx, .txt, .csv (max combined 5MB)

Select the document type for your upload

Select ▼

IMPORTANT: Before uploading documents, make sure they have been saved to the device you are currently logged in with. Please review the uploaded documents before submitting. Please Note - Once the document is submitted, it cannot be deleted or modified.

[CANCEL](#) [SUBMIT](#)

3. [Submit another claim for your organization or finish an incomplete claim](#) – Clicking this link opens a Search Saved Drafts screen shown on page 49.

Submitting a Life Claim for a Dependent

Step 1 – Basic Information

In Step 1, a user must select the claim type in the drop down and then indicate the claim is for the dependent.

Then enter and re-enter the **Employee** SSN or Employee ID. Click the blue NEXT button.

The screenshot shows a form titled "1 Basic Information" with a blue vertical bar on the left. Below the title is the instruction "All fields are required unless noted." The form contains the following elements: a dropdown menu for "Claim Type Selected" with "Life" selected; a dropdown menu for "Claim is for" with "Dependent" selected; two radio buttons for "Employee SSN" (selected) and "Employee ID"; a text input field for "Employee SSN"; a text input field for "Retype Employee SSN"; and a blue "NEXT" button at the bottom left.

For MetLife record-keeping customers, if the SSN entered is found, MetLink will pre-populate the employee's other identifying information such as date of birth, name and/or address for Step 2.

For non-MetLife record-keeping customers, if the SSN is not recognized, a user must enter information manually.

If an SSN or Employee ID is not found the user will see this screen.

The user may click [Cancel](#) to return to Section 1 – Basic Information or click the GO button to navigate to Section 2 – About the Employee

The screenshot shows a message box with the title "Employee Claim Not Found". The text inside reads: "There is no claim on file for this employee. To continue and enter all claim information manually, click GO." At the bottom left is a blue "Cancel" link, and at the bottom right is a blue "GO" button.

Step 2 – About the Employee

In Step 2, a user must enter all identifying information required for the dependent. Step 2 includes 4 sub-steps:

- A Dependent Information
- B Employee Information
- C Employment Information
- D Employer Information

A screen shot example of Step 2A is here

The *Dependent's Relationship to Insured* field is required. The user may select a relationship from the choices listed below:

- ▶ Spouse
- ▶ Child
- ▶ Civil Union Partner
- ▶ Common Law Spouse
- ▶ Domestic Partner
- ▶ Step Daughter
- ▶ Step Son
- ▶ Other

From Step 2A, the user will enter information for Step 2B, followed by 2C and 2D as shown below.

The dependent information fields prompt the user for information such as first name, last name, gender, date of birth, address, and date of death.

Optional fields are indicated by “(if available)” — all other fields are required.

At the bottom of the screen, a user will have the opportunity to return to the previous step, save their claim progress to return later, or advance to the next step.

2 About the Employee
Please fill out all information on substeps.

A Dependent Information **B** Employee Information **C** Employment Information **D** Employer Information

Dependent's Relationship to Insured

Select This field is required

First Name MI (if available)

Last Name Suffix (if available)

Gender:

Male Female

Date of Birth (if available)

Dependent SSN I don't have a Dependent SSN

Address Line 1 (if available)

Address Line 2 (if available)

Country (if available) United States of America

State (if available)

City (if available)

Zip Code (if available)

[Back](#) **NEXT SECTION STEP**

3 About the Coverage

4 Informant Information

5 Review, Edit and Submit

6 Claim Submitted

Step 2B – Employee Information

The employee information fields prompt the user for employee information such as first name, last name, gender, date of birth and address.

Optional fields are indicated by “(if available)” — all other fields are required.

At the bottom of the screen, the user may choose to return to the previous step, save their claim progress to return later, or advance to the next step.

Basic Information

2 About the Employee
Please fill out all information on substeps.

Dependent Information **Employee Information** Employment Information Employer Information

First Name MI (if available)
This field is required

Last Name Suffix (if available)

Gender:
 Male Female

Date of Birth (if available) MM/DD/YY

Address Line 1 (if available)

Address Line 2 (if available)

Country (if available) United States of America

State (if available)

City (if available)

Zip Code (if available)

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Step 2C - Employment Information

The employment information fields prompt the user for the employee’s employment information such as date of hire, employee status and the date when the employee was last physically at work.

Optional fields are indicated by “(if available)” — all other fields are required.

At the bottom of the screen, the user may choose to return to the previous step, save their claim progress to return later, or advance to the next step.

Basic Information

2 About the Employee
Please fill out all information on substeps.

Dependent Information Employee Information **Employment Information** Employer Information

Employee Type (if available)

Date of Hire MM/DD/YY

Employee Status

Date when the employee was last physically at work MM/DD/YYYY [?](#)

Base Annual Earnings (if available) [?](#)

Base Annual Earnings Effective Date (if available) MM/DD/YYYY

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Step 2D - Employer Information

The employer information fields prompt the user to enter the employer's information such as customer name, address and contact information.

The user may associate their claim with previous claims, if one has been submitted. In other words, if a life claim has already been submitted for your organization, click "Select a Customer/Entity Name". A new window will appear where a user can associate their claim with an existing customer/entity as shown below.

Basic Information

2 About the Employee

Please fill out all information on substeps.

Dependent Information Employee Information Employment Information **Employer Information**

Employer: COMPANY A, INC.
We will send notice of claim payment to the selected Customer/Entity Name's address.
Select a Customer/Entity Name or create one.

OR

Customer/Entity Name

Contact First Name

Contact Last Name

Address Line 1

Country (if available)
United States of America

State (if available)

City

Zip Code

[Back](#)

If the user clicks on the radio button and then clicks the CONTINUE button, the entity name, address and contact information will auto-populate.

Select a Customer/Entity Name

The Customer/Entity Names below are associated with your organization. Please review the list, make a selection, and select CONTINUE.

Customer/Entity Name	Address	Contact
<input type="radio"/> Company A, Inc.	123 Test St, Anytown, Iowa, United States of America 12345	Phil Test
<input type="radio"/> Company AB, Inc.	132 Testing St, Anytown, Ohio, United States of America 12345	Joe Test

Total Results: 34

1 2 3 4 Phil Test

Show 10 results per page

If this is the first claim for the customer, then the user should select "Create a Customer/Entity Name."

They must then re-enter the organization's basic identifying information as well as a designated contact to create this customer/entity. When all required information has been entered, click NEXT to advance to Step 3.

The user will have to confirm before advancing to step 3 that they wish for MetLife to send notice of claim payment to the selected Customer/Entity as shown below.

Optional fields are indicated by “(if available)” —all other fields are required.

Employer: [REDACTED]

We will send notice of claim payment to the selected Customer/Entity Name's address.

At the bottom of the screen, the user may choose to return to the previous step, save their claim progress to return later, or advance to the next step.

Step 3 – About the Coverage

In Step 3, the user must confirm details about the claimant’s life insurance coverage. Up to 5 coverages may be selected.

Choosing a coverage will prompt more fields to display below the list of coverage options so the user may provide more details about the coverage, including:

- Coverage amount
- Option Description (e.g., flat amount, multiple of salary)
- Coverage level effective date
- Coverage end date
- Coverage structure

When all available and required information is entered for Step 3, click the blue NEXT button at the bottom of the screen.

3 About the Coverage

Please complete the following coverage sections.

Select up to 5 enrolled coverages that are being claimed:

- Dependent Life (Child) (1)
- Dependent Life (Spouse) (2)
- Voluntary Accidental Death (Dependent)

Did the employee elect an increase in coverage within the last 2 years?

Yes No

Dependent Life (Child) (1)

Coverage Amount

Coverage Amount ?

Option Description ▼

Coverage Level Effective Date MM/DD/YY

Is the date that coverage ended the same as date of loss? (if available)

Yes No

Coverage End Date (if available) MM/DD/YY

Coverage Structure ?

Select Report ▼

Select Sub Code ▼

Select Branch ▼

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Step 4 – Informant Information

In Step 4, a user may enter information about the informant who notified the organization of the loss.

4 Informant Information
All fields are required unless otherwise noted.

Complete the informant information section if you have details about the person or entity that initially provided information about this claim, such as their name, address, phone number, relationship to the insured, etc.

Select "Yes," below, if you have obtained some or all of the informant information.

Do you have informant details?

Yes No

Do you have any additional comments to add to this claim?

Yes No

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Do you have informant details?

Yes No

Select Relationship (if available) ▼

First Name (if available) MI (if available)

Last Name (if available)

Preferred Contact Method (if available):

Email Mobile Phone Mail

Address Line 1 (if available)

Address Line 2 (if available)

Country (if available) ▼

State (if available) ▼

City (if available)

ZIP Code (if available)

Phone Number (if available)

Mobile Number (if available) ?

Email (if available) ?

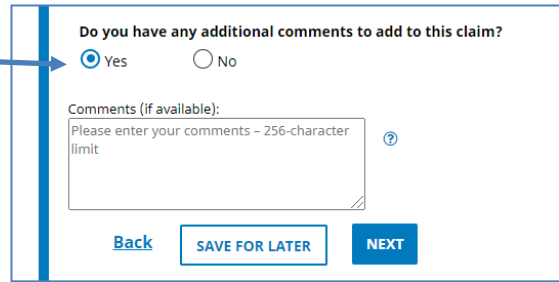
Do you have any additional comments to add to this claim?

Yes No

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Informant details are not required, but if they are available, select Yes. This selection will display additional fields where the user can enter the informant's information, including their relationship to the deceased.

The user may add additional comments related to the claim by selecting the Yes button.



Do you have any additional comments to add to this claim?

Yes No

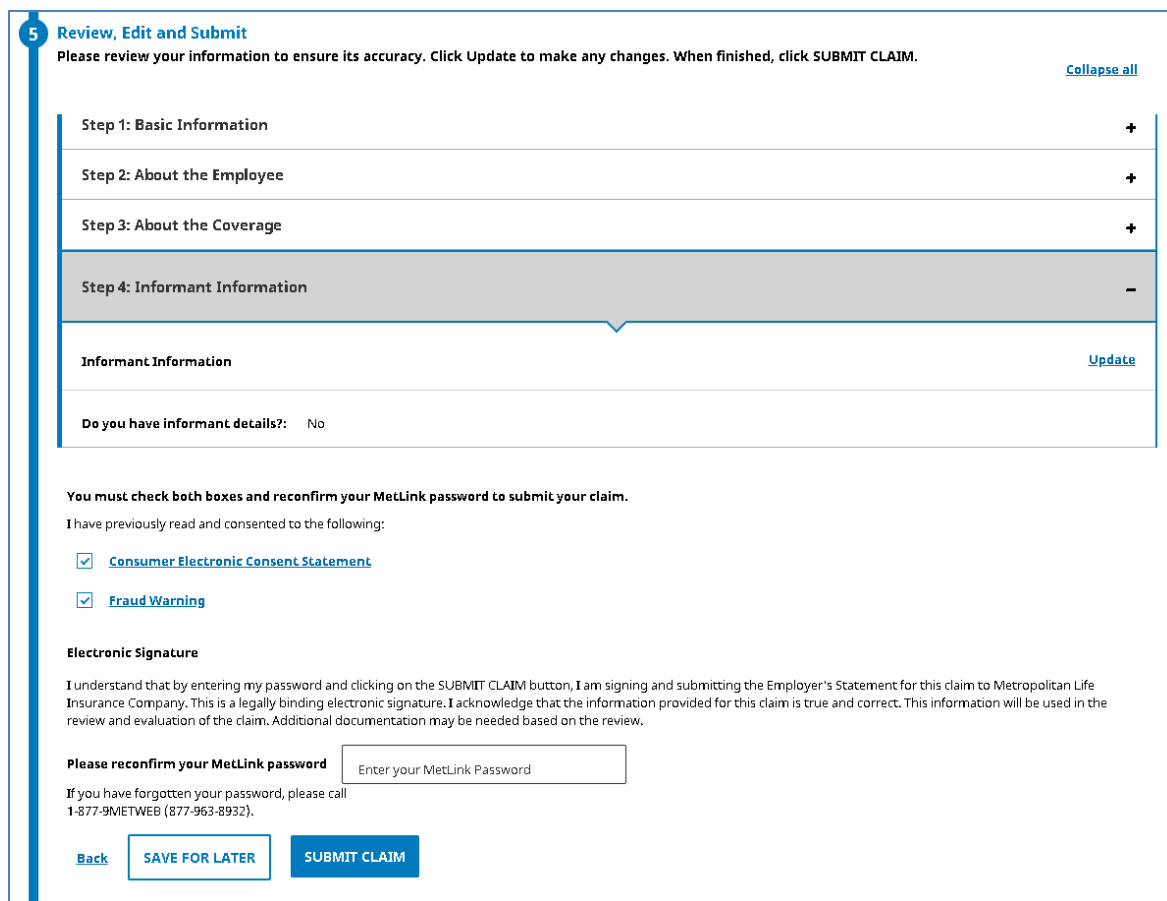
Comments (if available):
Please enter your comments – 256-character limit

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Step 6 – Review, Edit and Submit

In Step 6, the user can view the information entered by expanding or collapsing sections of the submission. If any information must be changed, the user can click [Update](#) in the appropriate section to return to that step. The system will prompt the user to confirm that they want to return to a previous step.

Note: The information will be available as it was entered. However, changing information in one step may change information in the following steps.



5 Review, Edit and Submit
Please review your information to ensure its accuracy. Click Update to make any changes. When finished, click SUBMIT CLAIM. [Collapse all](#)

Step 1: Basic Information	+
Step 2: About the Employee	+
Step 3: About the Coverage	+
Step 4: Informant Information	-

Informant Information [Update](#)

Do you have informant details?: No

You must check both boxes and reconfirm your MetLink password to submit your claim.

I have previously read and consented to the following:

- [Consumer Electronic Consent Statement](#)
- [Fraud Warning](#)

Electronic Signature

I understand that by entering my password and clicking on the SUBMIT CLAIM button, I am signing and submitting the Employer's Statement for this claim to Metropolitan Life Insurance Company. This is a legally binding electronic signature. I acknowledge that the information provided for this claim is true and correct. This information will be used in the review and evaluation of the claim. Additional documentation may be needed based on the review.

Please reconfirm your MetLink password

If you have forgotten your password, please call 1-877-9METWEB (877-963-8932).

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After reviewing and (if necessary) updating the submission information, you will also be required to acknowledge receipt of MetLife's [Consumer Electronic Consent Statement](#) and [Fraud Warning](#). The user is required to enter their MetLink password. When the password is entered, click the blue SUBMIT CLAIM button at the bottom of the screen.

Step 7 – Claim Submitted

The system displays the message shown below when the submission is successful. This screen also includes additional information and describes the next steps.

7 Claim Submitted

✔ The claim for dependent Jane Test has been submitted successfully

The claim information you provided has been transmitted to MetLife for review. Here is your claim number:
Claim Number: 00000000000

What's next?
You may wish to print a copy of this claim for your records now, as this feature will no longer be available once you leave this page. Note that you can always return to the Life Claims Inquiry page to obtain claim details on this or any other previously submitted claim. You can use the claim-search function and search by Employee SSN, Claim #, or Employee ID.

Upload documents
In order to complete the review of your claim, MetLife will need the last 2 years of enrollment history for any contributory coverage and the latest beneficiary designation. In addition, the claimant statement and original death certificate will need to be submitted for review. You can upload the supporting documentation here or you can mail documentation directly to Group Life Claims for processing.

IMPORTANT: Before attempting to upload documents, make sure they have been saved to the computer on which you are now logged in. To avoid problems with your upload, ensure that no files are password-protected.

* MetLife reserves the right to request additional documentation as required.

Standard Mail:
Metropolitan Life Insurance Company
Group Life Claims
P.O. Box 6100
Scranton, PA 18505

Overnight Mail:
Metropolitan Life Insurance Company
Group Life Claims
10 E.D. Preate Drive
Moosic, PA 18507

For assistance, please call 1-800-638-6420 or send a fax to 570-558-8645.

What do you want to do next?
[Print a copy of this claim](#)
[Upload supporting documentation for this claim](#)
[Submit another claim for your organization or finish an incomplete claim](#)

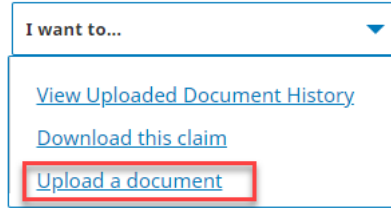
Three links are displayed at the bottom of the screen:

1. [Print a copy of this claim](#) - Clicking this link opens an additional screen with print options.
2. [Upload supporting documentation for this claim](#) – This link provides the ability to upload important documents such as a death certificate.

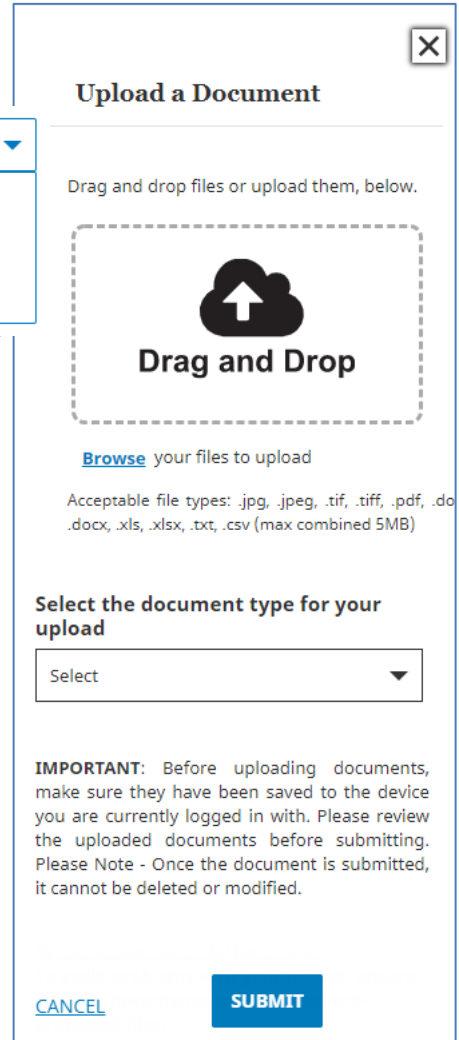
[Upload a Document](#)

This link provides users the ability upload claim related documentation such as a death certificate, beneficiary designation, or other documentation for the claimant.

Clicking this hyperlink will display a submission form that will appear on the right of the screen. An example is shown here.



The user may either select a file using a file browser or drag and drop. The user must choose the document type for the upload as well (death certificate, beneficiary designation, claimant affidavit, etc.).



3. [Submit another claim for your organization or finish and incomplete claim](#) – Clicking this link opens a Search Saved *Drafts* screen shown below.

Submitting an Accidental Death and Dismemberment (AD&D) Claim for an Employee or Dependent

Step 1 – Basic Information

In Step 1, a user must select the claim type in the drop down and then indicate the claim is for the employee or dependent.

1 **Basic Information**
All fields are required unless noted.

Claim Type Selected
Life

Life

Accelerated Benefits Option (ABO)

Accidental Dismemberment (AD&D)

Employee SSN

Retype Employee SSN

NEXT

Then enter and re-enter the EmployeeSSN or Employee ID. Click the blue NEXT button.

For MetLife record-keeping customers, if the SSN entered is found, MetLink will pre-populate the employee's other identifying information such as date of birth, name and/or address for Step 2.

For non-MetLife record-keeping customers, if the SSN is not recognized, a user must enter information manually.

If an SSN or Employee ID is not found the user will see this screen.

The user may click [Cancel](#) to return to Section 1 – Basic Information or click the GO button to navigate to Section 2 – About the Employee

Employee Claim Not Found

There is no claim on file for this employee. To continue and enter all claim information manually, click GO.

[Cancel](#) GO

Step 2 – About the Employee (Employee Claim)

In Step 2, a user must enter all identifying information required for the claimant. Step 2 includes 4 sub-steps:

- E) Employee information
- F) Employment information
- G) Employee insurance information
- H) Employer information

From Step 2A, the user will enter information for Step 2B, followed by 2C and 2D as shown below.

Step 2A – Employee Information

The employee fields prompt the user for information such as first name, last name, gender, date of birth, address, date of loss and type of loss.

Optional fields are indicated by “(if available)” — all other fields are required.

At the bottom of the screen, a user will have the opportunity to return to the previous step, save their claim progress to return to later, or advance to the next step.

2 About the Employee
Please fill out all information on substeps.

A Employee Information **B** Employment Information **C** Employee Insurance Information **D** Employer Information

First Name MI (if available)
This field is required

Last Name Suffix (if available)

Gender:
 Male Female

Date of Birth (if available) MM/DD/YY

Address Line 1 (if available)

Address Line 2 (if available)

Country (if available) United States of America

State (if available)

City (if available)

Zip Code (if available)

Date of Loss (if available) MM/DD/YY

Type of Loss This field is required

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From Step 2A, the user will enter information for Step 2B, followed by 2C and 2D as shown below.

Step 2B - Employment Information

The employment information fields prompt the user for the employee's employment information such as date of hire, employee status and the date when the employee was last physically at work.

Optional fields are indicated by "(if available)", all other fields are required.

At the bottom of the screen, the user may choose to return to the previous step, save their claim progress to return later, or advance to the next step.

2 About the Employee
Please fill out all information on substeps.

Progress: Employee Information, **Employment Information**, Employee Insurance Information, Employer Information

Employee Type (if available) [Dropdown]

Date of Hire [MM/DD/YYYY] [15]

Employee Status [Dropdown]

Date when the employee was last physically at work [?] [MM/DD/YYYY] [15]

Date when premium payments for employee stopped (if available) [MM/DD/YYYY] [15]

Was the employer-employee relationship terminated prior to the claim(s)?
 Yes No

Base Annual Earnings (if available) [?] [Text]

Base Annual Earnings Effective Date (if available) [MM/DD/YYYY] [15]

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Step 2C – Employee Insurance Information

This step asks questions regarding the employee's coverages for this claim as shown below.

2 About the Employee
Please fill out all information on substeps.

Progress: Employee Information, Employment Information, **Employee Insurance Information**, Employer Information

Was life insurance cancelled? (if available)
 Yes No

Was a Total and Permanent Disability or Continued Protection (CP) disability waiver claim ever filed with MetLife for this employee? (if available)
 Yes No

Was an absolute assignment completed by the employee? [?]
 Yes No

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Step 2D - Employer Information

The employer information fields prompt the user for the employer's information such as customer name, address and contact information.

The user may associate their claim with previous claims if one has been submitted. In other words, if a life claim has already been submitted for your organization, click "Select a Customer/Entity Name". A new window will appear where a user can associate their claim with an existing customer/entity as shown below.

2 About the Employee
Please fill out all information on substeps.

Employee Information
 Employment Information
 Employee Insurance Information
 D Employer Information

Employer: COMPANY A, INC
We will send notice of claim payment to the selected Customer/Entity Name's address.
 Select a Customer/Entity Name or create one.

OR

This field is required

?

?

United States of America

If the user clicks on the radio button and then clicks the CONTINUE button, the entity name, address and contact information will auto-populate.

Select a Customer/Entity Name ✕

The Customer/Entity Names below are associated with your organization. Please review the list, make a selection, and select CONTINUE.

Customer/Entity Name	Address	Contact
<input type="radio"/> Company A, Inc.	123 Test St, Anytown, Iowa, United States of America 12345	Phil Test
<input type="radio"/> Company AB, Inc.	132 Testing St, Anytown, Ohio, United States of America	Joe Test

Total Results: 34 1 2 3 4 Phil Test

If this is the first claim for the customer, then the user should select “Create a Customer/Entity Name.”

They must then re-enter the organization’s basic identifying information as well as a designated contact to create this customer/entity. When all required information has been entered, click NEXT to advance to Step 3.

The user will have to confirm before advancing to Step 3 that they wish for MetLife to send notice of claim payment to the selected Customer/Entity as shown below:

Employer:
We will send notice of claim payment to the selected Customer/Entity Name's address.

Optional fields are indicated by “(if available)”—all other fields are required. At the bottom of the screen, the user may choose to return to the previous step, save their claim progress to return later, or advance to the next step.

Step 2 – About the Employee (Dependent Claim)

In Step 2, a user must enter all identifying information required for the dependent. Step 2 includes 4 sub-steps:

- A Dependent Information
- B Employee Information
- C Employment Information
- D Employer Information

A screen shot example of Step 2A is here

The *Dependent's Relationship to Insured* field is required. The user may select a relationship from the choices listed below:

- ▶ Spouse
- ▶ Child
- ▶ Civil Union Partner
- ▶ Common Law Spouse
- ▶ Domestic Partner
- ▶ Step Daughter
- ▶ Step Son
- ▶ Other

From Step 2A, the user will enter information for Step 2B, followed by 2C and 2D as shown below.

The employee fields prompt the user for information such as first name, last name, gender, date of birth, address, date of loss and type of loss.

Optional fields are indicated by “(if available)” — all other fields are required.

At the bottom of the screen, a user will have the opportunity to return to the previous step, save their claim progress to return later, or advance to the next step.

2 About the Employee
Please fill out all information on substeps.

A Dependent Information B Employee Information C Employment Information D Employer Information

Dependent's Relationship to Insured

Select

First Name MI (if available)

Last Name Suffix (if available)

Gender:
 Male Female

Date of Birth (if available)

Dependent SSN I don't have a Dependent SSN

Address Line 1 (if available)

Address Line 2 (if available)

Country (if available)
United States of America

State (if available)

City (if available)

Zip Code (if available)

Date of Loss (if available)

Type of Loss

Back NEXT SECTION STEP

Step 2B – Employee Information

The employee information fields prompt the user for employee information such as first name, last name, gender, date of birth and address.

Optional fields are indicated by “(if available)” — all other fields are required.

At the bottom of the screen, the user may choose to return to the previous step, save their claim progress to return later, or advance to the next step.

Basic Information

2 About the Employee

Please fill out all information on substeps.

Dependent Information Employee Information Employment Information Employer Information

First Name MI (if available)

This field is required

Last Name Suffix (if available)

Gender:

Male Female

Date of Birth (if available)

Address Line 1 (if available)

Address Line 2 (if available)

Country (if available)

United States of America

State (if available)

City (if available)

Zip Code (if available)

Back SAVE FOR LATER NEXT SECTION STEP

Step 2C - Employment Information

The employment information fields prompt the user for the employee’s employment information such as date of hire, employee status and the date when the employee was last physically at work.

Optional fields are indicated by “(if available)” — all other fields are required.

At the bottom of the screen, the user may choose to return to the previous step, save their claim progress to return later, or advance to the next step.

Basic Information

2 About the Employee

Please fill out all information on substeps.

Dependent Information Employee Information Employment Information Employer Information

Employee Type (if available)

Date of Hire

Employee Status

Date when the employee was last physically at work

Base Annual Earnings (if available)

Base Annual Earnings Effective Date (if available)

Back SAVE FOR LATER NEXT SECTION STEP

Step 2D - Employer Information

The employer information fields prompt the user to enter the employer's information such as customer name, address and contact information.

The user may associate their claim with previous claims if one has been submitted. In other words, if a life claim has already been submitted for your organization, click "Select a Customer/Entity Name". A new window will appear where a user can associate their claim with an existing customer/entity as shown below.

Basic Information

2 About the Employee

Please fill out all information on substeps.

Dependent Information Employee Information Employment Information **Employer Information**

Employer: COMPANY A, INC.
We will send notice of claim payment to the selected Customer/Entity Name's address.
Select a Customer/Entity Name or create one.

SELECT A CUSTOMER/ENTITY NAME OR CREATE A CUSTOMER/ENTITY NAME

Customer/Entity Name

Contact First Name

Contact Last Name

Address Line 1

Country (if available)
United States of America

State (if available)

City

Zip Code

Back SAVE FOR LATER NEXT

If the user clicks on the radio button and then clicks the CONTINUE button, the entity name, address and contact information will auto-populate.

Select a Customer/Entity Name

The Customer/Entity Names below are associated with your organization. Please review the list, make a selection, and select CONTINUE.

Customer/Entity Name	Address	Contact
<input type="radio"/> Company A, Inc.	123 Test St, Anytown, Iowa, United States of America 12345	Phil Test
<input type="radio"/> Company AB, Inc.	132 Testing St, Anytown, Ohio, United	Joe Test

Total Results: 34

1 2 3 4 Phil Test

Show 10 results per page

CONTINUE

If this is the first claim for the customer, then the user should select "Create a Customer/Entity Name."

They must then re-enter the organization's basic identifying information as well as a designated contact to create this customer/entity. When all required information has been entered, click NEXT to advance to Step 3.

The user will have to confirm before advancing to step 3 that they wish for MetLife to send notice of claim payment to the selected Customer/Entity as shown below:

Optional fields are indicated by “(if available)”—all other fields are required.

Employer: [REDACTED]
We will send notice of claim payment to the selected Customer/Entity Name's address.

At the bottom of the screen, the user may choose to return to the previous step, save their claim progress to return later, or advance to the next step.

Step 3 – About the Coverage

In Step 3, the user must confirm details about the claimant's life insurance coverage. Up to 5 coverages may be selected.

Choosing a coverage will prompt more fields to appear below the list of coverage options so the user may provide more details about the coverage. This includes the coverage amount, option description (e.g., flat amount, multiple of salary), coverage level effective date, coverage end date and coverage structure

When all available and required information is entered for Step 3, click the blue NEXT button at the bottom of the screen.

The example to the right is for employee coverage. Dependent coverage entry fields require the same information.

3 About the Coverage

Please complete the following coverage sections.

Select up to 5 enrolled coverages that are being claimed:

Optional Accidental Dismemberment (Employee) Personal Accidental Dismemberment (Employee) (1)

Did the employee elect an increase in coverage within the last 2 years?

Yes No

Personal Accidental Dismemberment (Employee) (1)

Coverage Amount

[Text Field] ⓘ

Option Description
Flat Amount

Coverage Level Effective Date [Date Picker] 15

Is the date that coverage ended the same as date of loss? (if available)

Yes No

Coverage End Date (if available) [Date Picker] 15

Coverage Structure ⓘ

Select Report [Dropdown]

Select Sub Code [Dropdown]

Select Branch [Dropdown]

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Step 4 – Informant Information

In Step 4, a user must enter information about the informant who notified the organization of the loss, and whether they are the beneficiary for the coverage.

4 Informant Information

All fields are required unless otherwise noted.

Complete the informant information section if you have details about the person or entity that initially provided information about this claim, such as their name, address, phone number, relationship to the insured, etc.

Select "Yes," below, if you have obtained some or all of the informant information.

Do you have informant details?

Yes No

Do you have any additional comments to add to this claim?

Yes No

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Do you have informant details?

Yes No

Select Relationship (if available) ▼

First Name (if available) MI (if available)

Last Name (if available)

Preferred Contact Method (if available):

Email Mobile Phone Mail

Address Line 1 (if available)

Address Line 2 (if available)

Country (if available) ▼

State (if available) ▼

City (if available)

ZIP Code (if available)

Phone Number (if available)

Mobile Number (if available) ?

Email (if available) ?

Do you have any additional comments to add to this claim?

Yes No

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Informant details are not required, but if they are available, select Yes. This selection will display additional fields where the user can enter the informant's information.

The user may add additional comments related to the claim by selecting the Yes button.

Do you have any additional comments to add to this claim?

Yes No

Comments (if available):
Please enter your comments – 256-character limit

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Step 6 – Review, Edit and Submit

In Step 6, the user can view the information entered by expanding or collapsing sections of the submission. If any information must be changed, the user can click [Update](#) in the appropriate section to return to that step. The system will prompt the user to confirm that they want to return to a previous step.

Note: The information will be available as it was entered. However, changing information in one step may change information in the following steps.

5 Review, Edit and Submit
Please review your information to ensure its accuracy. Click Update to make any changes. When finished, click SUBMIT CLAIM. [Collapse all](#)

Step 1: Basic Information	+
Step 2: About the Employee	+
Step 3: About the Coverage	+
Step 4: Informant Information	-

Informant Information [Update](#)

Do you have informant details?: No

You must check both boxes and reconfirm your MetLink password to submit your claim.

I have previously read and consented to the following:

- [Consumer Electronic Consent Statement](#)
- [Fraud Warning](#)

Electronic Signature

I understand that by entering my password and clicking on the SUBMIT CLAIM button, I am signing and submitting the Employer's Statement for this claim to Metropolitan Life Insurance Company. This is a legally binding electronic signature. I acknowledge that the information provided for this claim is true and correct. This information will be used in the review and evaluation of the claim. Additional documentation may be needed based on the review.

Please reconfirm your MetLink password

If you have forgotten your password, please call 1-877-9METWEB (877-963-8932).

[Back](#) [SAVE FOR LATER](#) [SUBMIT CLAIM](#)

After reviewing and (if necessary) updating the submission information, you will also be required to acknowledge receipt of MetLife's [Consumer Electronic Consent Statement](#) and [Fraud Warning](#). The user is required to enter their MetLink password. When the password is entered, click the blue SUBMIT CLAIM button at the bottom of the screen.

Step 7 – Claim Submitted

The system displays the message shown below when the submission is successful. This screen also includes additional information and describes the next steps.

7 Claim Submitted

✔ The claim for dependent Jane Test has been submitted successfully

The claim information you provided has been transmitted to MetLife for review. Here is your claim number:
Claim Number: 0000000000

What's next?
You may wish to print a copy of this claim for your records now, as this feature will no longer be available once you leave this page. Note that you can always return to the Life Claims Inquiry page to obtain claim details on this or any other previously submitted claim. You can use the claim-search function and search by Employee SSN, Claim #, or Employee ID.

Upload documents
In order to complete the review of your claim, MetLife will need the last 2 years of enrollment history for any contributory coverage and the latest beneficiary designation. In addition, the claimant statement and original death certificate will need to be submitted for review. You can upload the supporting documentation here or you can mail documentation directly to Group Life Claims for processing.

IMPORTANT: Before attempting to upload documents, make sure they have been saved to the computer on which you are now logged in. To avoid problems with your upload, ensure that no files are password-protected.

* MetLife reserves the right to request additional documentation as required.

Standard Mail:
Metropolitan Life Insurance Company
Group Life Claims
P.O. Box 6100
Scranton, PA 18505

Overnight Mail:
Metropolitan Life Insurance Company
Group Life Claims
10 E.D. Preate Drive
Moosic, PA 18507

For assistance, please call 1-800-638-6420 or send a fax to 570-558-8645.

What do you want to do next?
[Print a copy of this claim](#)
[Upload supporting documentation for this claim](#)
[Submit another claim for your organization or finish an incomplete claim](#)

Three links are displayed at the bottom of the screen:

4. [Print a copy of this claim](#) - Clicking this link opens an additional screen with print options.
5. [Upload supporting documentation for this claim](#) – This link provides the ability to upload important documents such as a death certificate.

[Upload a Document](#)

This link provides users the ability upload claim related documentation such as a death certificate, beneficiary designation, or other documentation for the claimant.

Clicking this hyperlink will display a submission form that will appear on the right of the screen. An example is shown here.

The user may either select a file using a file browser or drag and drop. The user must choose the document type for the upload as well (death certificate, beneficiary designation, claimant affidavit, etc.).

Upload a Document

I want to...

- [View Uploaded Document History](#)
- [Download this claim](#)
- [Upload a document](#)

Drop files or upload them, below.

Drag and Drop

[Browse](#) your files to upload

Acceptable file types: .jpg, .jpeg, .tif, .tiff, .pdf, .doc, .docx, .xls, .xlsx, .txt, .csv (max combined 5MB)

Select the document type for your upload

Select

IMPORTANT: Before uploading documents, make sure they have been saved to the device you are currently logged in with. Please review the uploaded documents before submitting. Please Note - Once the document is submitted, it cannot be deleted or modified.

[CANCEL](#) [SUBMIT](#)

6. [Submit another claim for your organization or finish an incomplete claim](#) – Clicking this link opens a Search Saved Drafts screen shown on page 49.

Submitting an Accelerated Benefits Option (ABO) Claim (Employee or Dependent)

The screenshot shows a web form titled "1 Basic Information" with a sub-note "All fields are required unless noted." The form includes a dropdown menu for "Claim Type Selected" with options: "Life", "Accelerated Benefits Option (ABO)", and "Accidental Dismemberment (AD&D)". The "Accelerated Benefits Option (ABO)" option is highlighted with a red box. Below the dropdown are two text input fields: "Employee SSN" and "Retype Employee SSN". A blue "NEXT" button is located at the bottom left of the form.

When submitting an ABO claim, the steps and screen process flow is the same as a Life Claim.

For ABO and Dismemberment: supporting documentation can only be uploaded by searching for the claim and uploading via the Claims Details screen.

Saved Drafts

At any point during the intake submission process, the user may save a draft of their progress without submitting the claim by clicking the SAVE A DRAFT button.

The user may search for the saved draft and continue the submission using the search process described below.

There are three search options. A list of employees sorted by last name displays as the default setting.

The options are:

- Employee Name
- Last 4 of SSN
- Last 4 of an Employee ID.

The user may click on the employee name hyperlink to resume a claim submission. The user may also delete the draft.

Search Saved Drafts

Employee Name
 Last 4# of SSN
 Last 4# of EEID

FILE A CLAIM

Saved Drafts					
Employee Name	Employee SSN	Claim Type	Creation Date	Dependent Name	Delete
TEST, JANE		Life	06/14/2021	TEST, PHIL	
TEST, JOE		Life	09/21/2021		

Total Results: 2 1 Show 10 results per page ▼

A new claim intake can be initiated by clicking the FILE A CLAIM button.

If You Need Assistance

Technical errors may be encountered when attempting to retrieve or update data. In these situations, the following message is displayed, containing the error code number of the appropriate error: “A system error has occurred. Please call the Call Center and quote the error number <Error#>.” If you experience this error, attempt to repeat the action you just attempted. If you are still unable to proceed, call the call center at 1-877-9METWEB. Record the error number to assist when investigating the issue.

The hours of operation are Monday through Friday, 8 AM – 11 PM ET.

If you have questions about filing a claim, please call your CSC.