

# How to file a Short-Term Disability (STD) claim online

Follow the steps below to start your disability claim request. These instructions also provide information on what to expect during the process – we're here to help.

## Step 1: Notify your supervisor

Please discuss the details regarding your absence within 30 days of your STD:

- The length of your absence and your estimated return-to-work date.
- If you need to be absent from work at one time (continuous) or for shorter periods (intermittent).
- If you're sick, injured, or pregnant and require a reduced work schedule.
- If you have any potential employer-paid benefits such as PTO, vacation, sick time, other forms of insurance such as Workers Compensation or state paid benefits.

File your STD claim within 14 days after your first day absent from work due to your disability. Please read through all the steps in this guide before starting your claim submission.

## Step 2: Register on MetLife's MyBenefits Website

1. Go to [mybenefits.metlife.com](http://mybenefits.metlife.com) and enter your company name in the Employer or Association field. Click **Next**.
2. Click **Register Now** or **Create a New Account** to perform the one-time registration process. You'll be asked to provide:
  - Your first name, last name, and email address.
  - Phone number, date of birth and zip code.
  - Employee ID or Social Security number (SSN).
  - Verification code (we will provide this to you).
  - Unique username and password.
3. Once you read and agree to the website's Terms of Use and you opt into electronic consent, we'll send you a registration confirmation to the email address you provided.

**Access MyBenefits**

Type and select your organization.

Employer or Association

Remember my selection

**Next**

## Step 3: File a claim request online

1. After you have registered or logged into your account, from the homepage:
  - Click on **Claim Center** at the top.
  - Scroll down to "Absence and Disability" click the **File An Absence**
  - On the File a Claim page, click **Start**.
  - Follow steps 1 through 6 to submit your request.
2. You'll be asked to provide personal information (i.e., address, telephone #, email and absence type etc.)



**Absence**  
Absence and Disability

I Want To...

**FILE AN ABSENCE**

## Step 3: File a claim request online (continued)

1. You'll be asked to provide details about your claim; refer to discussion with your supervisor in step 1.
2. Review submission for accuracy. You must check the boxes confirming that you read and consent to the Consumer Electronic Consent and Fraud Warning Statement.
3. Reconfirm your password and click **Submit a Claim**.
4. A MetLife claims specialist may contact you for additional details about you, your job, your condition, your treatment plan, and health care provider(s).
  - **If you already have an open claim with MetLife, please let the claims specialist know so they can link your claims.**
  - Your claims specialist will also discuss your estimated return-to-work date.
5. Your employer will be contacted to confirm employment and coordinate other eligible benefits.
6. We'll follow up with a letter detailing any missing information to complete your claim, if needed.
7. **MetLife will make a decision about your claim.**
  - Once a decision is made on your claim(s), you'll receive a call from a MetLife claims specialist and a letter. If approved, the letter will include instructions on how to contact MetLife if you require further assistance.

## Step 4: Communication with MetLife while absent from work

- Your claims specialist will periodically contact you and your health care provider(s) to check-in on you and your health.
- If there's a change in claim status, your claims specialist will contact you by phone and send a letter to outline the change such as an extension or closure.
- If you will be absent from work on an intermittent basis, please continue to tell your claims specialist when you will be absent so that benefits can be paid appropriately.

### Returning to work

- You may be contacted by your claims specialist, a nurse clinician, PCS, and/or a vocational rehabilitation consultant to discuss your return-to-work options.
- **[You may be required to participate in a rehabilitation or return to work program.]**
- If you return to work earlier or need to be out longer, call your claims specialist to create a new return to work plan. Also, please call your employer to keep them informed of any changes to your return-to-work date.

### If your claim has been denied

- You may have the right to appeal the decision on your claim.
- The decision letter will provide important information about how to file an appeal and the required timeframe.