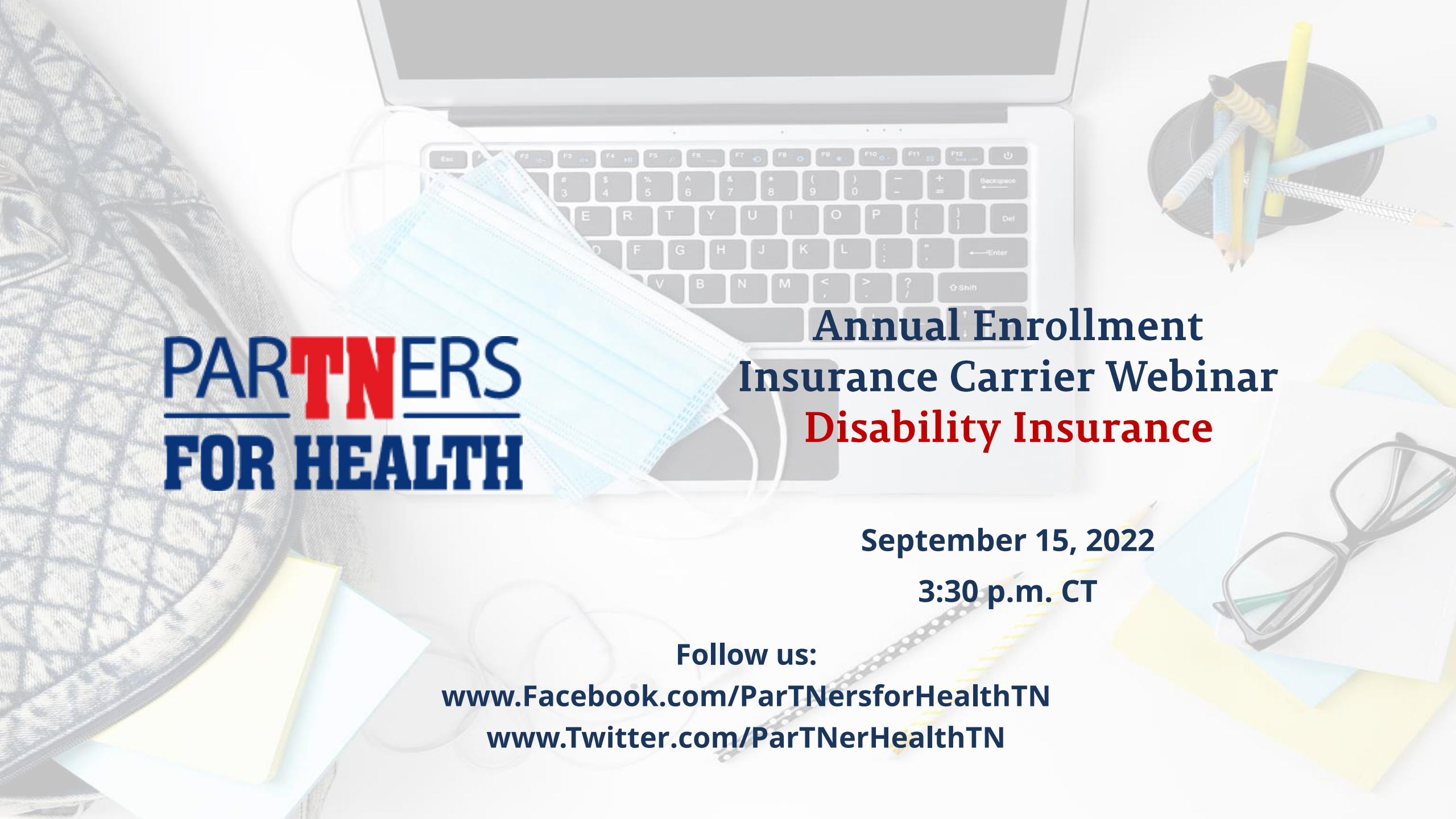


PARTNERS FOR HEALTH

Annual Enrollment Insurance Carrier Webinar

Disability Insurance

September 15, 2022

3:30 p.m. CT

Follow us:

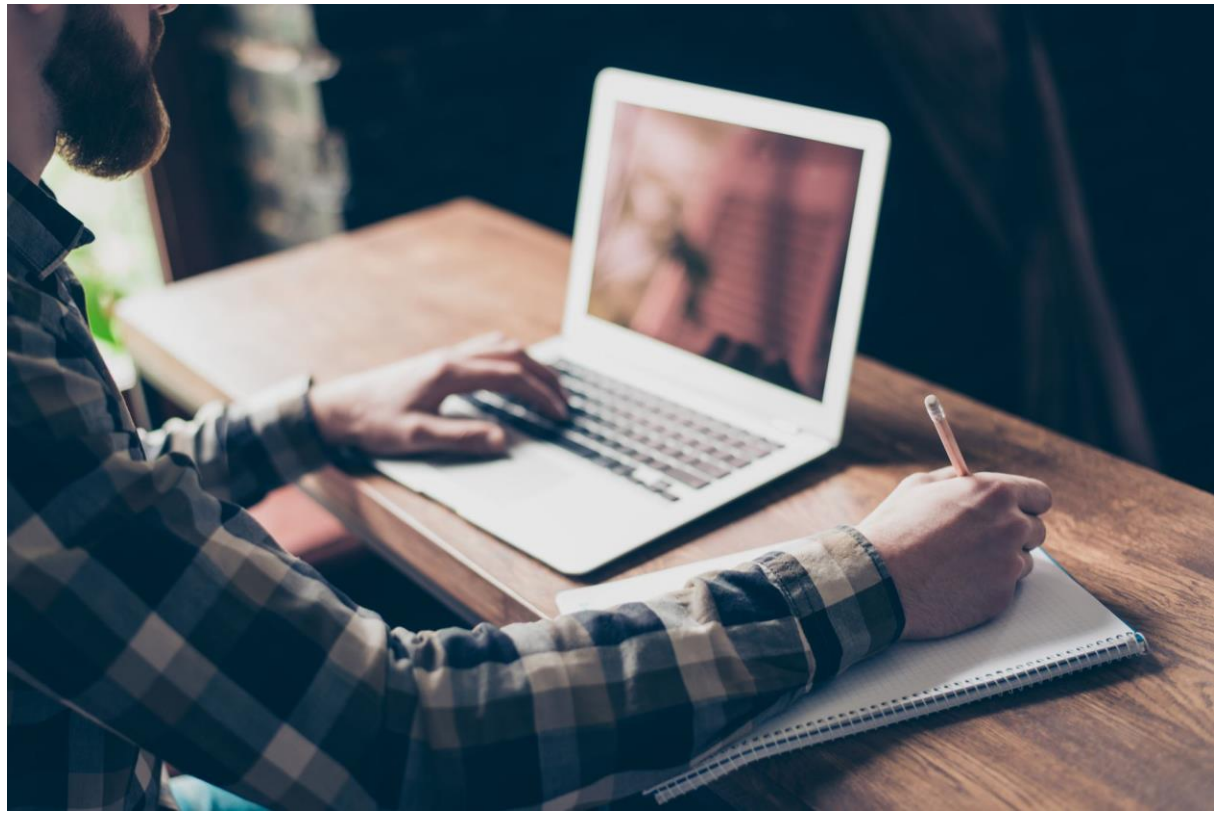
www.Facebook.com/ParTNersforHealthTN

www.Twitter.com/ParTNerHealthTN

Insurance Carrier Webinar Series

All attendees have been muted – if you have a question, type it into the chat box – to **Everyone**

- **Chat** - found at the bottom right of the screen
- Specific individual benefits or benefits processing questions, please email: **benefits.info@tn.gov**



tn.gov/partnersforhealth

PARTNERS FOR HEALTH

Today's Presenters

- Joe Carroll, MetLife Disability
- Benefits Administration staff available to answer questions

PARTNERS FOR HEALTH

MetLife

Short-Term and Long-Term Disability

State of Tennessee

Insuring Your Income. Protecting Your Financial Security.

PARTNERS FOR HEALTH

2023

MetLife

MetLife

Disability Insurance – State and Higher Education

PARTNERS FOR HEALTH

MetLife

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.

MetLife

IS DISABILITY INSURANCE RIGHT FOR ME?

Disability insurance might be right for you if you:

- Have little or no annual or sick leave saved up
- Don't have much in the way of savings or an emergency fund
- Take part in high-risk activities

NOTE: You must use all of your accumulated leave (sick, annual and comp time) before your disability payments begin.

How do I apply for coverage?

- Apply online in Edison ESS. Be sure to apply during your Annual Enrollment period (Oct 1 – Oct 14, 2022). Deadline is October 14 at 4:30 p.m. Central Time.
- You must apply during the 2023 Annual Enrollment period. A full Statement of Health form is required for all new applicants and current participants who wish to increase coverage.
- Once you apply, 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 application must be emailed or mailed to MetLife with a postmark no later than November 15th.

How do I pay for coverage?

- Coverage is paid through payroll deductions.

MetLife

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 Salary[1] Paid Weekly	60% of salary paid weekly	
Maximum Weekly Benefit	Up to $2,500	
Minimum Weekly Benefit[2]	$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 electing a higher plan of benefit during the 2023 Annual Enrollment period.	
Pre-Existing Condition[4]	None	

1 For 2023 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2022. Coverage, if approved by MetLife, will be effective January 1, 2023. If additional medical review is required, your effective date could be later than January 1, 2023.
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.

MetLife

SHORT-TERM DISABILITY PLAN RATES

SHORT-TERM DISABILITY 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 ÷ 12 = **$3,750**
2. Divide Covered Monthly Salary by $100 to get your per $100 of Covered Monthly Salary	$3,750÷ 100 = **$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 x $0.41 = **$15.38**

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

[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

MetLife

SHORT-TERM DISABILITY - EXAMPLES

Payable Benefit Period Calculation – Short-Term Disability Examples

1. Disability Period - The period of time the member is deemed disabled per the plan definition. The disability period begins on the first day of disability and includes the elimination period and the benefit period. The disability period ends the day before returning to work or the end of the approved disability period, whichever occurs first. The Disability Period is calendar day based.

2. Elimination Period - The portion of the disability period during which the Short-Term Disability plan does not pay benefits. The elimination period begins on the first day of disability and continues for the consecutive 14 or 30 calendar-day period of time outlined in the plan in which the member is enrolled. Elimination Period is calendar day based.

3. Benefit Period - The portion of the disability period during which benefits may be payable. The benefit period starts on the calendar day after the elimination period has been satisfied and extends for the length of time approved by MetLife for the member's specific disability, not to exceed the maximum benefit period of 26 calendar weeks.

4. Accrued Paid Leave – The amount of paid time off the member has accrued with his or her employer. This includes annual leave, sick leave, and compensatory time. Use of accrued paid leave begins on the date of disability and runs concurrently with both the elimination period and disability period. All accrued paid leave must be used before disability benefit payments may begin. Accrued leave is work day/work hour based.

5. Payable Benefit Period – The period of time the member may be paid after the elimination period has been satisfied and all accrued paid leave has been used.

To determine the benefit period payable by the STD plan:

Disability Period minus Elimination Period = Benefit Period

Benefit Period minus Accrued Paid Leave after Elimination Period = Payable Benefit Period

Condition A – requires six weeks to recover

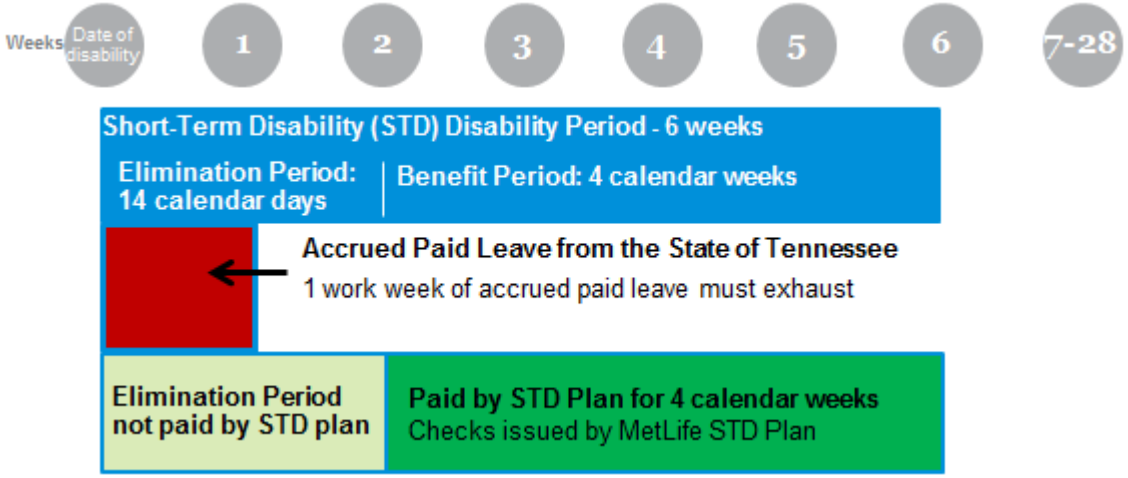
Short-Term Disability Timeline – Plan Option A

Situation Scenario:

- Member's approved Disability Period = 6 weeks
- Member's Accrued Paid Leave = 1 week
- Elimination Period = 14 calendar days
- Member Payable Benefit Period = 4 weeks

Payment details:

- 1 week Accrued Paid Leave from the State of TN
- 4 weeks STD pay from the STD plan with MetLife
- Member will have 1 week during the Elimination Period that is not paid by the State of TN or the STD plan with MetLife



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.

MetLife

Condition B – requires 30 weeks to recover

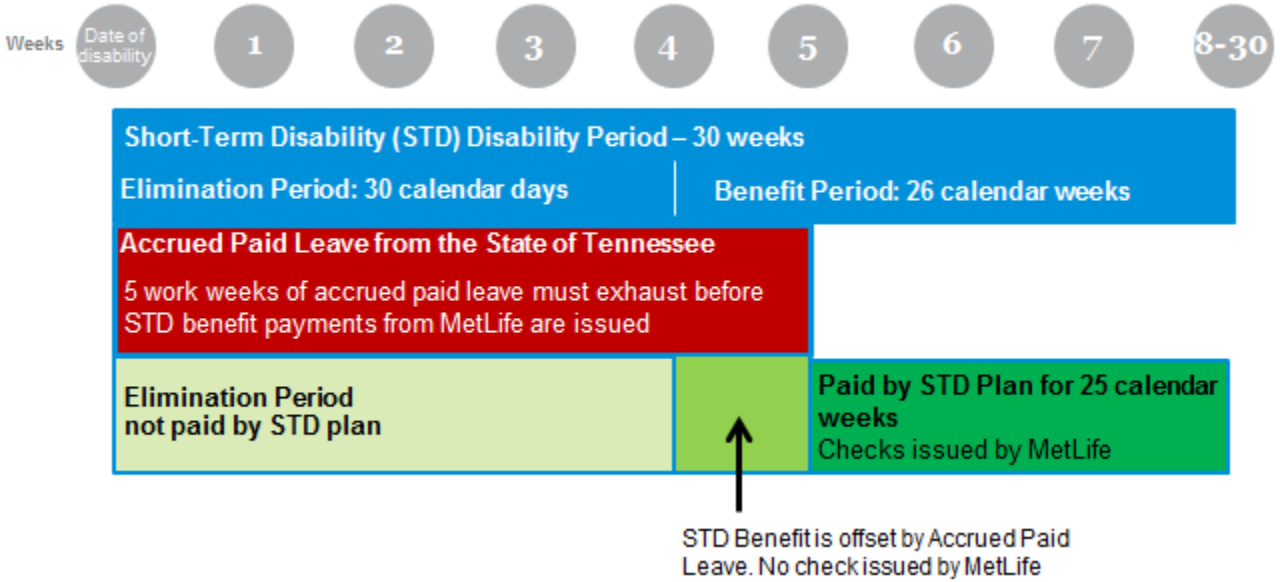
Short-Term Disability Timeline – Plan Option B

Situation Scenario:

- Member's approved Disability Period = 30 weeks
- Member's Accrued Paid Leave = 5 weeks
- Elimination Period = 30 calendar days
- Member Payable Benefit Period = 25 calendar weeks

Payment details:

- 5 week Accrued Paid Leave from the State of TN
- 25 weeks STD pay from the STD plan with MetLife



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.

MetLife

SHORT-TERM DISABILITY – PREGNANCY FAQ'S

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.

MetLife

SHORT-TERM DISABILITY – PREGNANCY FAQ'S

Frequently Asked Questions about disability benefits due to pregnancy (Continued)

What are some example disability claims due to pregnancy?
(For illustrative purposes only.)

Note:
Disability Period minus Elimination Period = **Benefit Period**
Benefit period minus Accrued Leave = **Payable Benefit Period**

Normal Delivery with no pre or post time disabled & 14 Day Elimination Period:

Disability Period	=	6 weeks
Elimination Period	=	2 weeks (14 calendar days)
Benefit Period	=	4 weeks
Accrued Leave	=	1 week (5 work days)
Payable Benefit Period	=	3 weeks

Cesarean Delivery with no pre or post time disabled & 30 Day Elimination Period:

Disability Period	=	8 weeks
Elimination Period	=	4 weeks (30 calendar days)
Benefit Period	=	4 weeks
Accrued Leave	=	1 week (5 work days)
Payable Benefit Period	=	3 weeks

Normal Delivery with 2 weeks ante-partum time and 2 weeks post complications & 14 day Elimination Period:

Disability Period	=	10 weeks (6+2+2)
Elimination Period	=	2 weeks (14 days)
Benefit Period	=	8 weeks
Accrued Leave	=	1 week
Payable Benefit Period	=	7 weeks

(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 and is either 14 or 30 calendar days.)

What type of benefit does MetLife manage for State of TN employees who are pregnant?

MetLife manages short-term disability benefits for all State of TN employees, including employees who are unable to perform their job for the State of TN due to child-delivery or pregnancy complications. Please note that MetLife does not manage any maternity leaves or parental leaves for the State of TN.

For more information about a claim or benefits, contact MetLife at 855-700-8001, Monday - Friday, 7 am to 10 pm, Central Time

MetLife

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 Salary[1] 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 Benefit	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
Maximum Benefit Period	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 (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 electing a higher plan of benefit during the 2023 Annual Enrollment period.			
Pre-Existing Condition[4]	3 months prior to effective date and 12 months from effective date			

1 For 2023 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2022. Coverage, if approved by MetLife, will be effective January 1, 2023 If additional medical review is required, your effective date could be later than January 1, 2023.
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.

MetLife

LONG-TERM DISABILITY PLAN RATES

LTD: EMPLOYEE'S AGE (PER $100 OF COVERED MONTHLY SALARY) AS OF SEPTEMBER 1 OF CURRENT YEAR										
	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Option 1, 60%, 90 day elimination period	$0.12	$0.12	$0.23	$0.34	$0.43	$0.53	$0.63	$0.84	$0.56	$0.56
Option 2, 60%, 180 day elimination period	$0.09	$0.09	$0.18	$0.27	$0.34	$0.42	$0.50	$0.66	$0.44	$0.44
Option 3, 63%, 90 day elimination period	$0.14	$0.14	$0.28	$0.42	$0.53	$0.65	$0.77	$1.03	$0.68	$0.68
Option 4, 63%, 180 day elimination period	$0.11	$0.11	$0.23	$0.33	$0.42	$0.51	$0.61	$0.81	$0.54	$0.54

CALCULATE YOUR MONTHLY PREMIUM FOR LONG-TERM DISABILITY

For this example, we're using a 52-year-old employee's salary of $45,000 annually, selecting Option 3

STEPS	EXAMPLE
1. Determine your Covered Monthly Salary *(Annual Salary[1] divided by 12.)* *For Option 1&2, if your Annual Salary exceeds $150,000, enter $12,500. For Option 3&4, if your Annual Salary exceeds $190,476.24, enter $15,873.02[2]*	$45,000 ÷ 12 = **$3,750**
2. Divide Covered Monthly Salary by $100 to get your per $100 of Covered Monthly Salary	$3,750 ÷ 100 = **$37.50**
3. Look up applicable cost, from the chart above, based on Option elected and your age as of September 1 of current year	**$1.12**
4. Calculate your approximate Monthly Premium *(Per $100 of coverage from Step 2* ***x*** *Rate found on table above, from Step 3 for a 52-year-old employee selecting Option 3.)*	$37.50 x $0.65 = **$24.38**

[1] Annual salary is based on your salary as of September 1, effective October 1. 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.

MetLife

IT'S EASY TO TAKE THE FIRST STEP

1

Enroll online in **Edison ESS**, with a full Statement of Health during your enrollment period, October 1 – October 14, 2022

2

Once enrolled in **Edison ESS**, the following changes have been made for 2022 Annual Enrollment

- The State of TN will send a daily email to MetLife with Disability plan enrollments. This will speed up the process for applicants to receive their application to submit by 11/15/2022.
- The deadline to submit the complete application has been moved back to 11/15/2022 whereas it was 11/6 last year.
- MetLife will be posting the SOH application at the following links on our Microsite as well.
  - State SOH Application
- The State of TN will be sending out an email notifications throughout Annual Enrollment to those that enrolled for 2023 benefits. The notification will explain that a SOH application either has or will be mailed to the person's mailing address in Edison. It will advise the application will be 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.

3

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

4

Effective Date – January 1, 2023. If additional medical review is required, your effective date could be later than January 1, 2023.

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

MetLife

Employee Communications

Sample Enrollment Information Packet

Are you ready to ensure your income is protected with a special offer?

PARTNERS FOR HEALTH

For State of Tennessee employees:

Sample A. Sample
1234 Main Street
Anytown, US 12345-6789

Enroll October 2 - 13, 2017

[Sample A. Sample]:

You've probably insured your car, your home and your life, so now is the time to think about insuring your salary with Short Term and Long Term Disability Insurance.

The State of Tennessee has contracted with MetLife to bring you this special offer to apply for coverage during this enrollment period at competitive employee rates **and with no health questions to answer** when you enroll!

You don't want to lose your income if you suddenly have to stop working due to an accident or illness. Short Term and Long Term Disability Insurance can ensure you still receive part of your salary, so you can continue to pay your bills and provide for your family. Leave time should be considered — check the FAQs on the Disability microsite for more information: https://metlife.com/StateofTN

Ready to insure your salary?
Enroll online in ESS in Edison by Oct. 13, 2017

Sincerely,
State of Tennessee
Benefits Administration

P.S. If you wait to apply after this enrollment period, you will be required to answer a set of health questions.

Have questions? Call 1-855-700-8001
7:00 a.m. – 10:00 p.m. CST,
Monday through Friday.

ADF# DI1251.16

What is available:

STD - Two options to choose from:

- **Option A**: 60% of your weekly pre-disability earnings; coverage starts after 14 calendar days
- **Option B**: 60% of your weekly pre-disability earnings; coverage starts after 30 calendar days

LTD - Four options to choose from:

- **Option 1**: 60% of your weekly pre-disability earnings; coverage starts after 90 calendar days
- **Option 2**: 60% of your weekly pre-disability earnings; coverage starts after 180 calendar days
- **Option 3**: 63% of your weekly pre-disability earnings; coverage starts after 90 calendar days
- **Option 3**: 63% of your weekly pre-disability earnings; coverage starts after 180 calendar days

How much you will need?

A good rule of thumb is to buy enough Disability Insurance to cover your essential monthly expenses (e.g., mortgage, food, utilities and car payments). For most people, that's about **60% - 80% of their income**

What's the right amount for you?

Learn more about Short Term and Long Term Disability Insurance and use the calculator tool at https://metlife.com/stateoftn.

You can also view real-life stories, frequently asked questions and other additional resources.

MetLife

ND LONG TERM DISABILITY INSURANCE
Plan Overview & Cost of Coverage

IOD: October 2 – 13, 2017

PARTNERS FOR HEALTH

RM DISABILITY

OPTION A	OPTION B
60% of salary paid weekly	
Up to $2,500	
$25[1]	
...ar days	30 calendar days
26 weeks	
None	

TERM DISABILITY

OPTION 2	OPTION 3	OPTION 4
...aid monthly	63% of salary paid monthly	
...per month ...y of $150,000)	Up to $10,000 per month (covers annual salary of $190,000)	
...greater of 10% of benefit or $100 per month[1]		
...180 calendar days	90 calendar days	180 calendar days
Social Security Normal Retirement Age		

TERM DISABILITY

MONTHLY SALARY	
	$1.34
	$1.08

ADF#DI1252.16 ENROLL ONLINE AT Partnersforhealthtn.gov BY Oct. 13, 2017

MetLife

Statement of Health Form

MetLife National Accounts
1200 Abernathy Road
Building 600, Suite 1450
Atlanta, GA30328

00001

MetLife

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

[Current Date]

[Addr1] [If 6 lines, start here]99999999999999999999999999
[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 (soh.submissions@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

TEMENT OF HEALTH FORM AND THE AUTHORIZATION FORM THAT FOLLOW THIS SECTION

ion 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.
ured to complete and send to MetLife.
D 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
loyee, 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.
oth completed forms for your records and FAX, MAIL or EMAIL the original
Emailed forms must be printed and signed before they are scanned and

38-6420, prompt 1 (Statement of Health Unit) or email us at

Metropolitan Life Insurance Company
Statement of Health Unit
P.O. Box 14069
Lexington, KY 40512-4069
FAX: 1-859-225-7909
To Submit Completed Forms Email:
SOHSubmissions@metlife.com
For Questions Email:
eoi@metlifeservice.com

may be required after MetLife's initial review of a completed Statement of Health form. The additional information requested may be a
am, or an Attending Physician Report. Correspondence will be sent within ten days by MetLife or our approved vendor. Incomplete
pletion.
ur 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
u. 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 10166

TH FORM

NFORMATION (To be Completed by the Recordkeeper)

ent/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
ytime Phone #	Home Phone #	Email Address

e residents, Spouse includes your registered Domestic Partner if you and your Domestic Partner are registered as
ners or reciprocal beneficiaries with a government agency or office where such registration is available.

GEF02-1
ADM
(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana; GEF02-1 ADM applies to residents of Connecticut, North Dakota and Utah)
Please complete all sections of this form. Incomplete forms will be returned to you.

Page 1 of 5

SOH-XDB400M-NVV (09/18)

MetLife
Metropolitan Life Insurance Company, New York, NY 10166

omitted information will cause delays. In this section, "you" and "your" refers to the person for whom
information is required for the Proposed Insured only. For questions 5 through 11u, for "yes" answers,
.

Employee's Name
Employee's Social Security/Identification #

	Yes	No
Your weight pounds		
physician or other health care provider? If "Yes" indicate type	☐	☐
t is your due date (month/day/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?	☐	☐
nvicted of driving while intoxicated or under the influence of alcohol and/or any drug?		
s) (month/day/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		
uing treatment wherever performed: chemotherapy, radiation therapy, or dialysis.		
T, please answer the following question: 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?	☐	☐
d or given medical advice by a physician or other health care provider for:		
order? 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?	☐	☐
(month/year) Indicate type		
syndrome or fibromyalgia? Indicate type	☐	☐
scular dystrophy? Indicate type	☐	☐
une disease or connective tissue disorder?	☐	☐
☐ rheumatoid ☐ other type	☐	☐
t or other musculoskeletal disorder? Indicate type	☐	☐
	☐	☐
te disorder? Indicate type	☐	☐
r? Indicate type	☐	☐
attempted suicide or nervous disorder? Indicate type	☐	☐

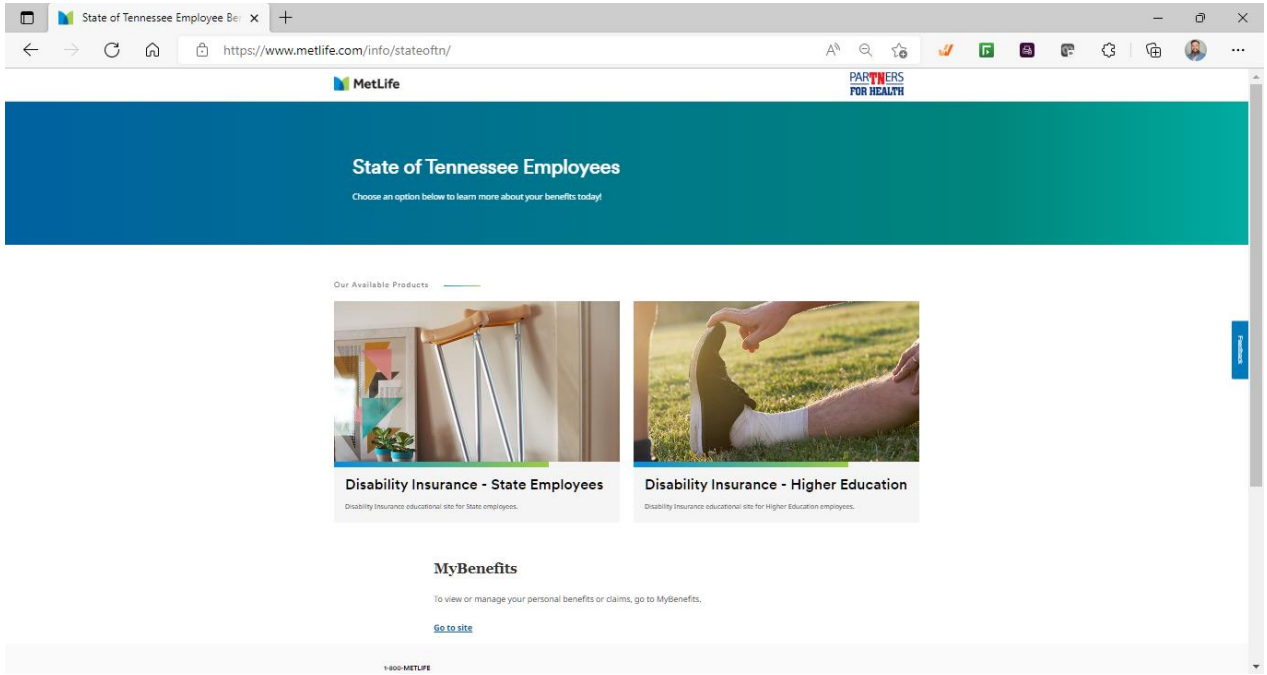
n and Prescription Information on the next page, please provide full details in Section 2 for "yes" answers to questions 5 through 11u.

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

Resources

Online tools and educational materials can be found on the State of TN 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)

MetLife

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 7:00 am – 10:00 pm 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 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 Health Care Provider.
- **Authorization to Release Your Medical Information -** the release of your medical information to MetLife may be required. You should inform your Health Care 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.

MetLife

MetLife

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Upcoming Insurance Carrier Webinars

- Sept. 16: Medical Networks
- Sept. 22: Life Insurance (state/higher ed only)
- Sept. 23: Vision
- Sept. 29: Health Savings Account/Flexible Spending Accounts (FSAs - state/higher ed only)
- Sept. 30: Dental

Go to **tn.gov/PartnersForHealth** > **Annual Enrollment** > **About Enrollment** for a flyer on these webinars and to add a calendar link

Recordings will be posted on the ParTNers YouTube page – found by going to the Videos page, clicking the ParTNers YouTube link at top, go to 2022 Employee Webinars playlist.

PARTNERS FOR HEALTH

Employee Educational Webinars

Learn about your 2023 benefits options, changes, premiums and ask questions.

State and higher education (CT)

- Wednesday, Sept. 28, 1-2 p.m. CT
- Wednesday, Oct. 5, 2-3 p.m. CT
- Thursday, Oct. 13, 10-11 a.m. CT

Go to **tn.gov/PartnersForHealth** > **Annual Enrollment** > **About Enrollment** for a flyer and instructions

PARTNERS FOR HEALTH

Annual Enrollment Materials

2023 Annual Enrollment benefits information and materials are available under the Annual Enrollment tab. Here are links to specific information:

- Find 10 Things You Need to Know video under Annual Enrollment
- Find enrollment details under About Enrollment.
- Find the 2023 digital and PDF Annual Enrollment newsletters under Enrollment Materials.
- Find all premium charts under Premiums tab at top of homepage
- Find updated forms under Publications, then Forms.
- Retirees have their own page under For Retirement.
- The Employee Self Service instructions and videos will be complete by Oct. 1.

Find **Insurance Comparison Charts** under Publications:

- State and higher education Insurance Comparison Chart

PARTNERS FOR HEALTH

PARTNERS FOR HEALTH

QUESTIONS?

Press microphone or *6 to un-mute your line

Use the chat function – bottom right of screen

www.tn.gov/ParTNersForHealth

Click the green Help button to chat with a representative

Email: benefits.info@tn.gov