



Short-Term and Long-Term Disability

State of Tennessee

*Insuring Your Income. Protecting Your Financial Security.*

**PARTNERS**  
**FOR HEALTH**

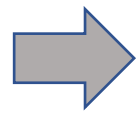


## Disability Insurance – State

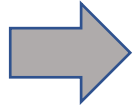
**PARTNERS**  
**FOR HEALTH**



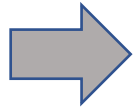
# WHY IS DISABILITY INCOME INSURANCE SO IMPORTANT?



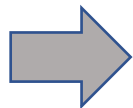
**Replaces a percentage of income** lost due to sickness, pregnancy or accidental injury



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.

# 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](http://tn.gov/PartnersForHealth) or [metlife.com/StateOfTN](http://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.

# SHORT-TERM DISABILITY PLAN HIGHLIGHTS

	Option A	Option B
<b>Eligibility</b>	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.	
<b>% of Gross Annual Base Salary<sup>1</sup> Paid Weekly</b>	60% of salary paid weekly	
<b>Maximum Weekly Benefit</b>	Up to \$2,500	
<b>Minimum Weekly Benefit<sup>2</sup></b>	\$25	
<b>Elimination Period</b>	14 calendar days	30 calendar days
<b>Maximum Benefit Period</b>	26 weeks	
<b>Evidence of Insurability (EOI)<sup>3</sup></b>	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.	
<b>Pre-Existing Condition<sup>4</sup></b>	None	

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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

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

# SHORT-TERM DISABILITY PLAN RATES

## 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
<b>1. Determine your Covered Monthly Salary</b> (Annual Salary <sup>1</sup> divided by 12.) If your Annual Salary exceeds \$216,666.84 enter \$18,055.57 as your Covered Monthly Salary. <sup>2</sup>	$\$45,000 \div 12 = \mathbf{\$3,750}$
<b>2. Divide Covered Monthly Salary by \$100 to get your per \$100 of Covered Monthly Salary</b>	$\$3,750 \div 100 = \mathbf{\$37.50}$
<b>3. Calculate your approximate monthly premium</b> (Multiply your per \$100 of Covered Monthly Salary by the appropriate cost from the chart above based on Option elected)	$\$37.50 \times \$0.41 = \mathbf{\$15.38}$

<sup>1</sup> Annual salary is based on your salary as of September 1, effective October 1. See FAQs for new hire and annual adjustment information.

<sup>2</sup> 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

# 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

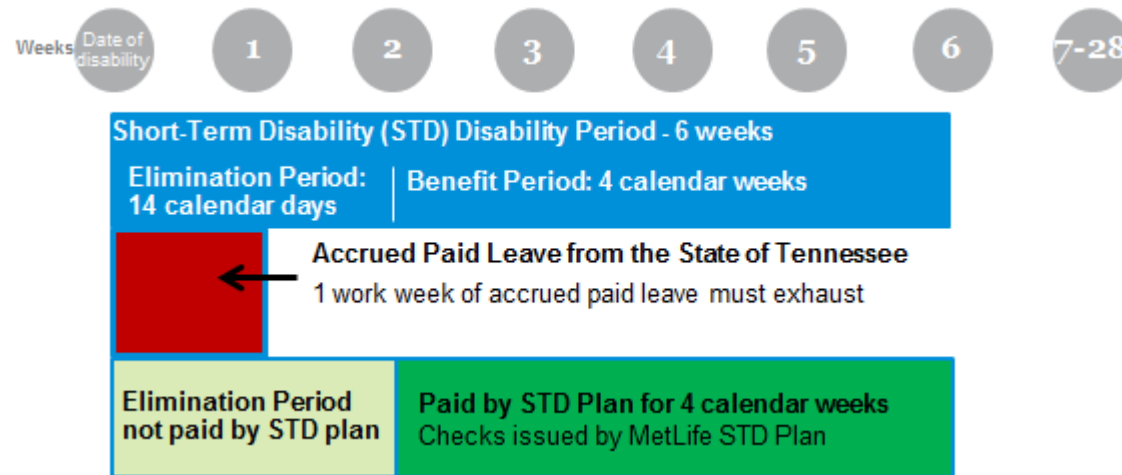
## Short-Term Disability Timeline – Plan Option A

### 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.



# Condition B – requires 30 weeks to recover

## Short-Term Disability Timeline – Plan Option B

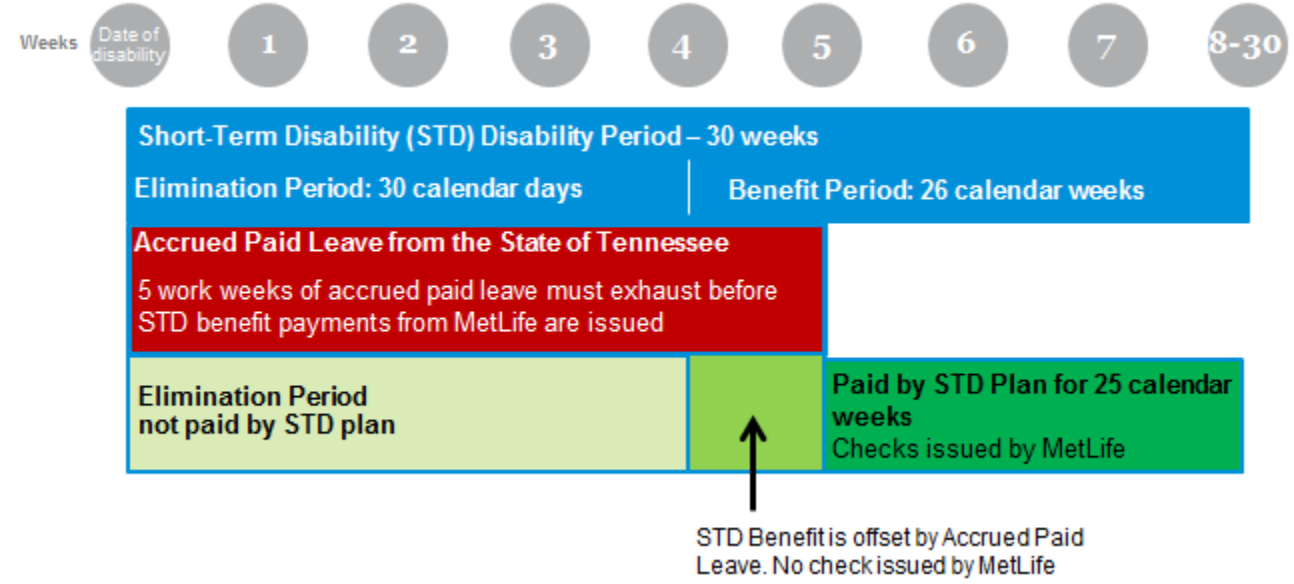
**Situation Scenario:**

- 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.

# 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.

# 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

# LONG-TERM DISABILITY PLAN HIGHLIGHTS

	Option 1	Option 2	Option 3	Option 4
<b>Eligibility</b>	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.			
<b>% of Gross Annual Base Salary<sup>1</sup> Paid Monthly</b>	60% of salary paid monthly		63% of salary paid monthly	
<b>Maximum Monthly Benefit</b>	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)	
<b>Minimum Monthly Benefit</b>	Greater of 10% of benefit or \$100 per month			
<b>Elimination Period</b>	90 calendar days	180 calendar days	90 calendar days	180 calendar days
<b>Own Occupation</b>	24 months	24 months	36 months	36 months
<b>Maximum Benefit Period</b>	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			
<b>Evidence of Insurability (EOI)<sup>3</sup></b>	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.			
<b>Pre-Existing Condition<sup>4</sup></b>	3 months prior to effective date and 12 months from effective date			

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

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

# LONG-TERM DISABILITY PLAN RATES

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
<b>1. Determine your Covered Monthly Salary</b> (Annual Salary <sup>1</sup> divided by 12.)  <i>For Option 1&amp;2, if your Annual Salary exceeds \$150,000, enter \$12,500. For Option 3&amp;4, if your Annual Salary exceeds \$190,476.24, enter \$15,873.02<sup>2</sup></i>	\$45,000 ÷ 12 = <b>\$3,750</b>
<b>2. Divide Covered Monthly Salary by \$100 to get your per \$100 of Covered Monthly Salary</b>	\$3,750 ÷ 100 = <b>\$37.50</b>
<b>3. Look up applicable cost, from the chart above, based on Option elected and your age as of September 1 of current year</b>	<b>\$1.12</b>
<b>4. Calculate your approximate Monthly Premium</b> (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 = <b>\$24.38</b>

<sup>1</sup> Annual salary is based on your salary as of September 1, effective October 1. See FAQs for new hire and annual adjustment information.

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

# IT'S EASY TO TAKE THE FIRST STEP

1

Enroll online in Edison ESS, 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>

# Employee Communications

## Sample Enrollment Information Packet

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

For State of Tennessee employees:

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

**ENROLL October 2 - 13, 2017**

**What is available:**

**STD - Two options to choose from:**

- Option A: 50% of your weekly pre-disability earnings; coverage starts after 14 calendar days
- Option B: 80% of your weekly pre-disability earnings; coverage starts after 30 calendar days

**LTD - Four options to choose from:**

- Option 1: 50% 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: 80% of your weekly pre-disability earnings; coverage starts after 90 calendar days
- Option 4: 85% 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**

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

**SHORT TERM AND LONG TERM DISABILITY INSURANCE**  
Plan Overview & Cost of Coverage

**ENROLL: October 2 – 13, 2017**

designed to provide you with continuing income while you are out of work due to a disability. Short Term Disability benefits pick up where Short Term Disability ends.

Short Term Disability is available to you, special plan features and services and costs for Short Term Disability are shown below. Premium payment, which will be conveniently deducted from your pay, is shown below.

Effective 10/2/2017.

**SHORT TERM DISABILITY**

OPTION 2	OPTION 3	OPTION 4
Not less than 30 hours/week or seasonal employees hired prior to 90 days of service and certified by their appointing authority to work at least one full year (July-June), or is deemed eligible by applicable federal, state, local, or action of the State Insurance Commission.		
80% of salary paid monthly		
Up to \$10,000 per month (covers annual salary of \$120,000)		
90 calendar days	90 calendar days	180 calendar days
Social Security Normal Retirement Age		
Health questions asked for 2017 Annual Enrollment and New Hire participants choosing a higher plan of benefit.		
prior to effective date and 12 months from effective date.		
calendar year and shall be effective as of October 1 of the current calendar year.		
having 100% of your Pre-disability Earnings under the Policyholder's paid leave policy.		
Health questions asked after the 2017 Annual Enrollment. MetLife will review your information and use your answers to health questions, MetLife underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.		

**LONG TERM DISABILITY**

OPTION A	OPTION B
Not less than 30 hours/week or seasonal employees hired prior to 90 days of service and certified by their appointing authority to work at least one full year (July-June), or is deemed eligible by applicable federal, state, local, or action of the State Insurance Commission.	
80% of salary paid weekly	
Up to \$2,500	
\$25*	
30 calendar days	30 calendar days
26 weeks	
Health questions asked for 2017 Annual Enrollment and New Hire participants choosing a higher plan of benefit.	
None	
calendar year and shall be effective as of October 1 of the current calendar year.	
100% of your Pre-disability Earnings under the Policyholder's paid leave policy.	
Health questions asked after the 2017 Annual Enrollment. MetLife will review your information and use your answers to health questions, MetLife underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.	

ADF#DI1252.16 ENROLL ONLINE AT [Partnersforhealthtn.gov](http://Partnersforhealthtn.gov) BY Oct. 13, 2017

**SHORT TERM DISABILITY**

the plan Option you elect.

MONTHLY SALARY
\$1.24
\$1.08

ADF#DI1252.16 ENROLL ONLINE AT [Partnersforhealthtn.gov](http://Partnersforhealthtn.gov) BY Oct. 13, 2017

ADF#DI1252.16 ENROLL ONLINE AT [Partnersforhealthtn.gov](http://Partnersforhealthtn.gov) BY Oct. 13, 2017

# Statement of Health Form

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

00001

**MetLife**

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

[Current Date]

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

**Please complete, sign and return the enclosed form**

**Important information – Please respond!**

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

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

**What you need to do**  
Please complete, sign and return the enclosed **Statement of Health Form**.  
You may return your completed form by email ([gh submissions@metlife.com](mailto:gh 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**  
**STATEMENT OF HEALTH FORM AND THE AUTHORIZATION FORM THAT FOLLOW THIS SECTION**

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

form and sign where indicated by an arrow.  
indicated by an arrow.  
with completed forms for your records and FAX, MAIL or EMAIL the original  
mailed forms must be printed and signed before they are scanned and  
To Submit Completed Forms Email:  
gh submissions@metlife.com  
For Questions Email:  
pol@metlifenet.com

Metropolitan Life Insurance Company  
Statement of Health Unit  
P.O. Box 14069  
Lexington, KY 40512-4069  
FAX: 1-859-225-7909

38-6420, prompt 1 (Statement of Health Unit) or email us at  
gh submissions@metlife.com

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

if coverage may be performed by our affiliates, MetLife Global Operations Support Center Private Limited and MetLife Services and  
state or local law or by mutual agreement with the group customer. These service arrangements in no way alter Metropolitan Life  
su. Your coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and

**MetLife**  
Metropolitan Life Insurance Company, New York, NY 10108

**FORM**  
**INFORMATION (To be Completed by the Recordkeeper)**

Association Group Customer # Reporting Location #  
City State Zip Code

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

**(To be Completed by the Proposed Insured)**

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

Home Phone # Home Phone # Email Address

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

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

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

**MetLife**  
Metropolitan Life Insurance Company, New York, NY 10108

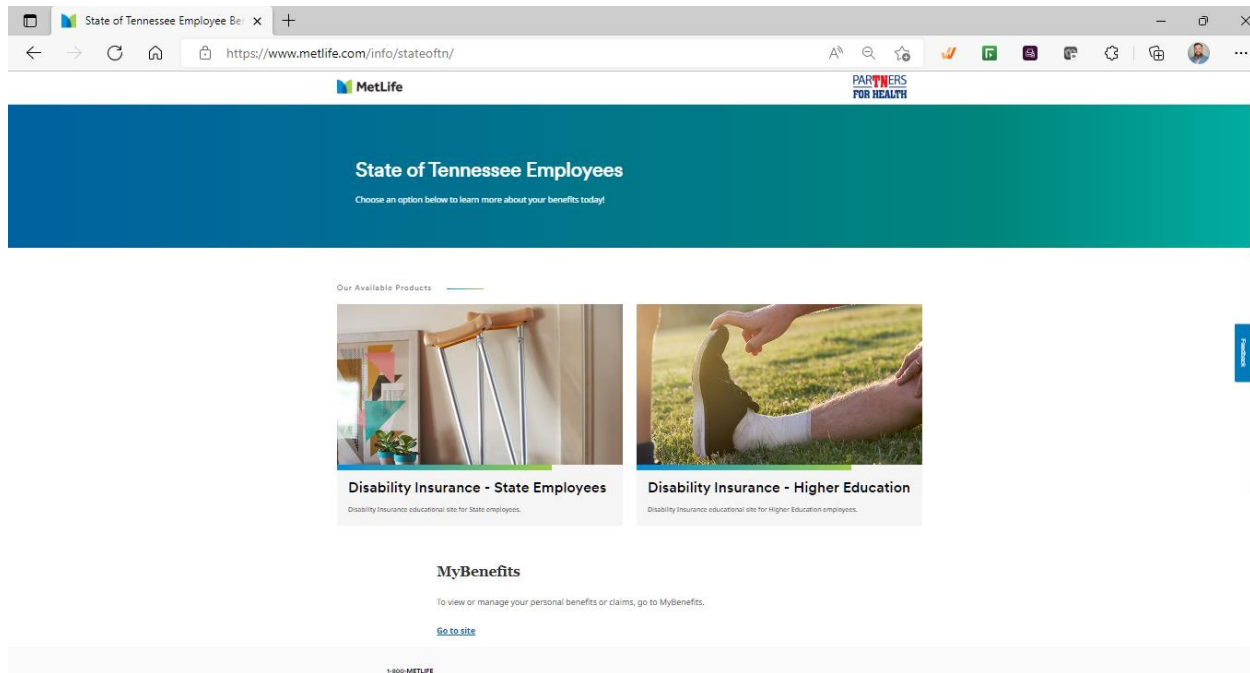
Employee's Name  
Employee's Social Security Identification #

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



# Resources

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

# 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.

