



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 15, 2021). Deadline is October 15 at 4:30 p.m. Central Time. You must apply during the 2022 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. Your completed application must be emailed or mailed to MetLife with a postmark no later than November 6th.

How do I pay for coverage?

- Coverage is paid through payroll deductions.

SHORT-TERM DISABILITY (STD) PLAN HIGHLIGHTS

	Option A	Option B
Eligibility	All employees working not less than 30 hours/week; seasonal employees hired prior to July 1, 2015, with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	
% of Gross Annual Base Salary¹ Paid Weekly	60% of salary paid weekly	
Maximum Weekly Benefit	Up to \$2,500	
Minimum Weekly Benefit²	\$25	
Elimination Period	14 calendar days	30 calendar days
Maximum Benefit Period	26 weeks	
Evidence of Insurability (EOI)³	Guaranteed Issue (no health questions asked) for New Hires who enroll within 30 days of eligibility date. A full Statement of Health is required for all new applicants and for current participants electing a higher plan of benefit during the 2021 Annual Enrollment period.	
Pre-Existing Condition⁴	None	

¹ For 2022 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2021. Coverage, if approved by MetLife, will be effective January 1, 2022. If additional medical review is required, your effective date could be later than January 1, 2022.

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

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

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



SHORT-TERM DISABILITY (STD) 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 <i>(Annual Salary¹ divided by 12.)</i> <i>If your Annual Salary exceeds \$216,666.84 enter \$18,055.57 as your Covered Monthly Salary.²</i>	$\$45,000 \div 12 = \mathbf{\$3,750}$
2. Divide Covered Monthly Salary by \$100 to get your per \$100 of Covered Monthly Salary	$\$3,750 \div 100 = \mathbf{\$37.50}$
3. Calculate your approximate monthly premium <i>(Multiply your per \$100 of Covered Monthly Salary by the appropriate cost from the chart above based on Option elected)</i>	$\$37.50 \times \$0.41 = \mathbf{\$15.38}$

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

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 (STD) 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 6 weeks to recover

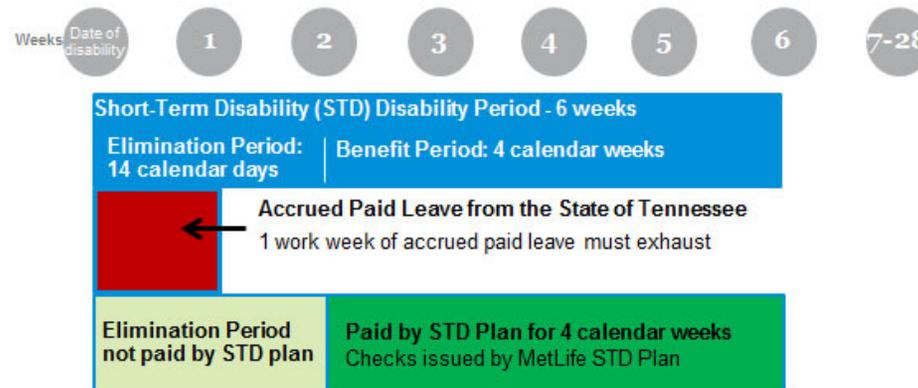
Short-Term Disability Timeline – Plan Option A

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

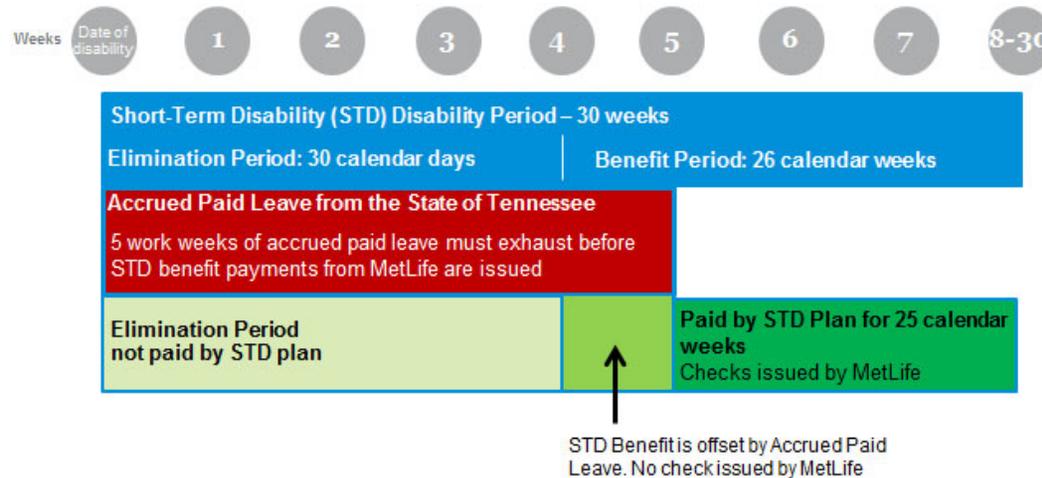
Situation Scenario:

- 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 6 weeks from date of delivery, and
- Cesarean delivery disability period is 8 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 2 weeks is allowed without requiring medical documentation. However, if your first day absent is more than 2 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 (LTD) PLAN HIGHLIGHTS

	Option 1	Option 2	Option 3	Option 4
Eligibility	All employees working not less than 30 hours/week; seasonal employees hired prior to July 1, 2015, with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.			
% of Gross Annual Base Salary¹ Paid Monthly	60% of salary paid monthly		63% of salary paid monthly	
Maximum Monthly Benefit	Up to \$7,500 per month (covers annual salary of \$150,000)		Up to \$10,000 per month (covers annual salary of \$190,476.24)	
Minimum Monthly 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 2021 Annual Enrollment period.			
Pre-Existing Condition⁴	3 months prior to effective date and 12 months from effective date			

¹ For 2022 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2021. Coverage, if approved by MetLife, will be effective January 1, 2022. If additional medical review is required, your effective date could be later than January 1, 2022.

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

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

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



LONG-TERM DISABILITY (LTD) PLAN RATES

LONG-TERM DISABILITY 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.) <i>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 \$15,873.02²</i>	$45,000 \div 12 = \mathbf{\$3,750}$
2. Divide Covered Monthly Salary by \$100 to get your per \$100 of Covered Monthly Salary	$3,750 \div 100 = \mathbf{\$37.50}$
3. 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.)	$37.50 \times \$0.65 = \mathbf{\$24.38}$

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.



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 15, 2021

2

Once enrolled in **Edison ESS**, MetLife will mail you the full Statement of Health medical form to be completed and submitted to MetLife for review

3

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

4

Effective Date – January 1, 2022. If additional medical review is required, your effective date could be later than January 1, 2022.

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

PARTNERS FOR HEALTH

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: 60% 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: 65% of your weekly pre-disability earnings; coverage starts after 90 calendar days
- Option 4: 65% 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.

SHORT 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 short-term disability. Short Term Disability benefits pick up where Short Term Disability ends.

Available to you, special plan features and services and costs for your enrollment, which will be conveniently deducted from your pay.

SHORT TERM DISABILITY 15

OPTION A **OPTION B**

60% of salary paid weekly
Up to \$2,000

25**
30 calendar days

28 weeks

Health questions asked: For 2017 Annual Enrollment and New Hire 31 days of eligibility date; 60 required for Late Enrollers not participating in a higher plan of benefit.

None

Benefit will be effective as of October 1 of the calendar year ending 100% of your Pre-Disability Earnings under the Policyholder's paid wage policy.

ADPH01252.16 ENROLL ONLINE AT Partnersforhealth.gov BY Oct. 13, 2017

TERM DISABILITY

OPTION 2	OPTION 3	OPTION 4
60% of salary paid monthly	65% of salary paid monthly	65% of salary paid monthly
Up to \$100,000 per month (leaves annual salary of \$100,000)	Up to \$100,000 per month (leaves annual salary of \$100,000)	Up to \$100,000 per month (leaves annual salary of \$100,000)
60 calendar days	90 calendar days	180 calendar days

Health questions asked: For 2017 Annual Enrollment and New Hire 31 days of eligibility date; 60 required for Late Enrollers and current participants desiring a higher plan of benefit.

None

Benefit will be effective date and 12 months from effective date.

Benefit will be effective as of October 1 of the calendar year ending 100% of your Pre-Disability Earnings under the Policyholder's paid wage policy.

ADPH01252.16 ENROLL ONLINE AT Partnersforhealth.gov BY Oct. 13, 2017

TERM DISABILITY

MONTHLY SALARY
\$1.04
\$1.08

Health questions asked: For 2017 Annual Enrollment and New Hire 31 days of eligibility date; 60 required for Late Enrollers not participating in a higher plan of benefit.

None

Benefit will be effective as of October 1 of the calendar year ending 100% of your Pre-Disability Earnings under the Policyholder's paid wage policy.

ADPH01252.16 ENROLL ONLINE AT Partnersforhealth.gov BY Oct. 13, 2017

Statement of Health Form

MetLife National Accounts
1200 Albany Road
Building 600, Suite 1400
Atlanta, GA 30328

00001

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

[Current Date]

[Address] [If 6 lines, start here] 099999999999999999999999
[Address] [If 5 lines, start here]
[Address]
[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 (submissions@metlifecorp.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 1-855-700-9001. Our customer service center is open Monday through Friday, from 9:00 a.m. – 10:00 p.m. Central Time.

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

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

Complete and sign where indicated by an arrow.
Indicated by an arrow.
Completed forms for your records and FAX, MAIL, or EMAIL, the original Statement of Health Form must be printed and signed before they are scanned and submitted to MetLife.

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@metlifecorp.com
For Questions Email: SOH@metlifecorp.com

35-6420, prompt 1 (Statement of Health Unit) or email us at: SOH@metlifecorp.com

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

STATEMENT OF HEALTH FORM
Metropolitan Life Insurance Company, New York, NY 10108

INFORMATION (To be Completed by the Recordkeeper)

Approximate: _____ Group Customer # _____ Reporting Location # _____
City _____ State _____ Zip Code _____

EMPLOYEE INFORMATION (To be Completed by the Employee)

Last Name _____ Social Security # of Employee _____

PROPOSED INSURED INFORMATION (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 _____

In accidents, Spouse includes your registered Domestic Partner if you and your Domestic Partner are registered as next of kin or reciprocal beneficiaries with a government agency or office where such registration is available.

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SOH-XDB400M-NVV (09/13)

MetLife
Metropolitan Life Insurance Company, New York, NY 10108

On this information will cause delay. In this section, "you" and "your" refer to the person for whom information is required for the Proposed Insured only. For questions 5 through 11a, for "you" answers.

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

Your weight _____ pounds Yes No
physician or other health care provider? If "yes" indicate type _____
If 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?
incidents of dizziness while intoxicated or under the influence of alcohol and/or any drug?
accidental death and dismemberment or disability insurance?
if 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, immediate care facility, or long term care facility?
any treatment (whether performed, chemotherapy, radiation therapy, or dialysis)?
HIV, AIDS, or other immunodeficiency syndrome (AIDS), AIDS Related Complex (ARC) or other immunodeficiency syndrome?
Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or other immunodeficiency syndrome?
ed or given medical advice by a physician or other health care provider for?
Indicate type _____
ephaloma or tumor? Indicate type _____
ed disorder? Indicate type _____
sist? _____ 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 _____
ocular or auditory? Indicate type _____
lume disease or connective tissue disorder? _____
 Rheumatoid Other type _____ Indicate type _____
or other musculoskeletal disorder? Indicate type _____
se disorder? Indicate type _____
Indicate type _____
attempted suicide or menous disorder? Indicate type _____
and Prescription information on the next page, please provide full details in Section 2 for "you" answers.

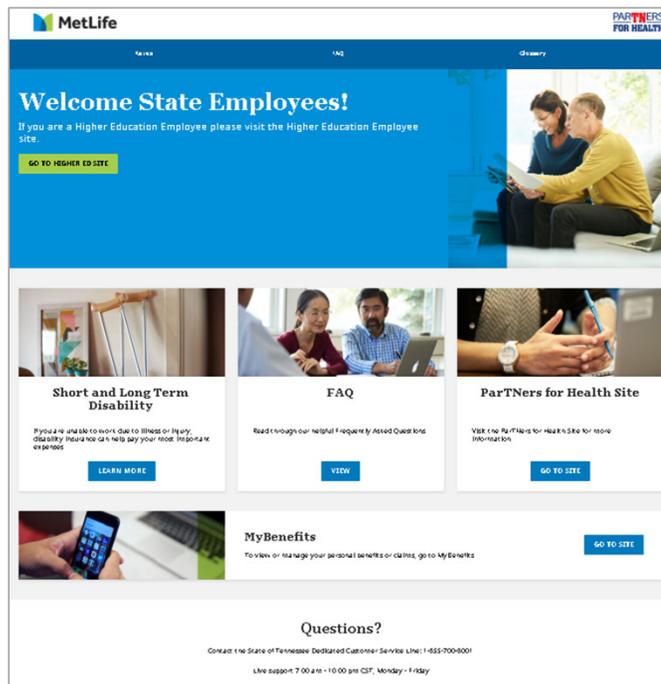
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HEA-XDB400M-NVV (09/13)

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.



Resources

Online tools and educational materials can be found on the State of TN microsite <https://metlife.com/StateofTN> which can also be linked to from the Partners for Health site



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.



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