



Short Term and Long Term Disability

State of Tennessee

Insuring Your Income. Protecting Your Financial Security.

PARTNERS
FOR HEALTH

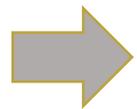


Disability Insurance – State

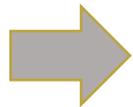
PARTNERS
FOR HEALTH



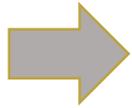
WHY IS DISABILITY INCOME INSURANCE SO IMPORTANT?



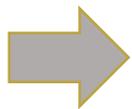
Replaces a percentage of income lost due to sickness, pregnancy or accidental injury



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, child care, 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 16, 2020). Deadline is October 16 at 4:30 p.m. Central Time. You must apply during the 2021 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 31 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 2021 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2020. Coverage, if approved by MetLife, will be effective January 1, 2021. If additional medical review is required, your effective date could be later than January 1, 2021.

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	\$1.34
Option B: 60%, 30 day elimination period	\$1.08

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	$\$45,000 \div 12 = \mathbf{\$3,750}$
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 (Multiply your per \$100 of Covered Monthly Salary by the appropriate cost from the chart above based on Option elected)	$\$37.50 \times \$1.34 = \mathbf{\$50.25}$

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

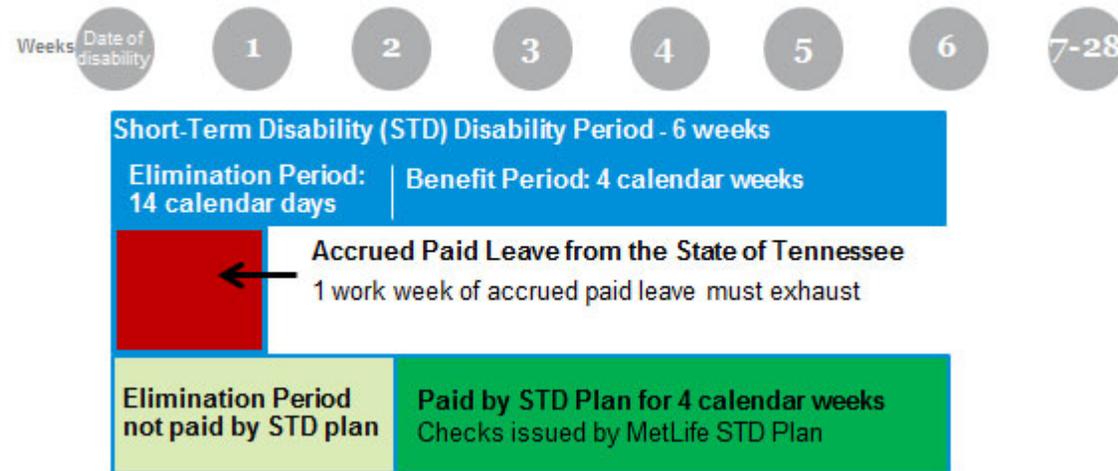
Short-Term Disability Timeline – Plan Option A

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

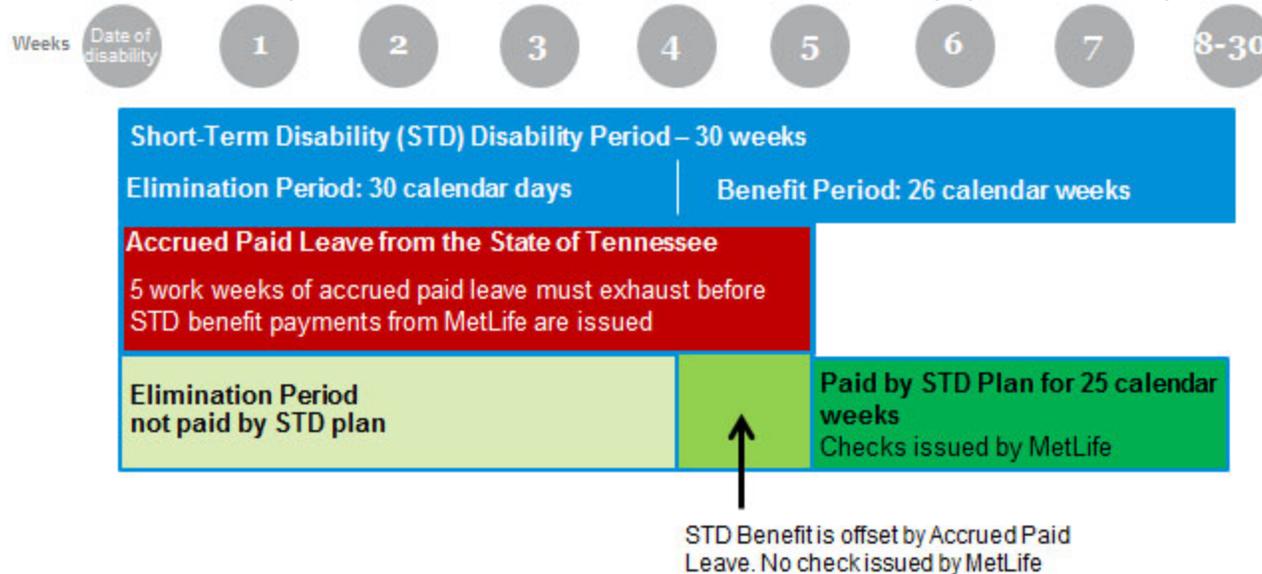
Situation Scenario:

- 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 31 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 2021 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2020. Coverage, if approved by MetLife, will be effective January 1, 2021. If additional medical review is required, your effective date could be later than January 1, 2021.

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	\$.20	\$.20	\$.40	\$.59	\$.75	\$.92	\$1.10	\$1.46	\$.97	\$.97
Option 2, 60%, 180 day elimination period	\$.16	\$.16	\$.31	\$.46	\$.59	\$.72	\$.86	\$1.14	\$.76	\$.76
Option 3, 63%, 90 day elimination period	\$.24	\$.24	\$.49	\$.72	\$.91	\$1.12	\$1.34	\$1.78	\$1.18	\$1.18
Option 4, 63%, 180 day elimination period	\$.19	\$.19	\$.39	\$.57	\$.72	\$.89	\$1.06	\$1.41	\$.94	\$.94

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 (<i>Annual Salary¹ divided by 12.</i>) <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 ÷ 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 (<i>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.</i>)	\$37.50 x \$1.12 = \$42.00

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 16, 2020

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, 2021. If additional medical review is required, your effective date could be later than January 1, 2021.

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:

PARTNERS FOR HEALTH

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 1-855-700-9001
7:00 a.m. – 10:00 p.m. CST,
Monday through Friday.

ADF# D11251.16

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: 50% 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.

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

PARTNERS FOR HEALTH

Enroll: October 2 – 13, 2017

Designed to provide you with continuing income while you are out of work, Short Term Disability benefits pick up where Short Term Disability ends.

Available to you, special plan features and services and costs for Short Term Disability will be conveniently deducted from your salary.

SHORT TERM DISABILITY

Option A	Option B
For employees with 20 hours/week or seasonal employees hired prior to 24 months of service and certified by their attending physician at least 1,450 hours per fiscal year (July-June), or is deemed eligible federal law, state law, or action of the State Insurance Commission.	For employees with 20 hours/week or seasonal employees hired prior to 24 months of service and certified by their attending physician at least 1,450 hours per fiscal year (July-June), or is deemed eligible federal law, state law, or action of the State Insurance Commission.
60% of salary paid weekly	60% of salary paid weekly
Up to \$2,500	Up to \$2,500
\$25*	\$25*
14 calendar days	30 calendar days
26 weeks	52 weeks

*Health questions asked for 2017 Annual Enrollment and New Hire (31 days of eligibility date, 90 required for late enrollment participants electing a higher plan of benefit)

None

Salary 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)

Enrollment during 2017 Annual Enrollment questions based on your answers to health questions. MetLife will review your information and evaluate your request for coverage based on your answers to health questions. MetLife's underwriting rules and other information you authorize us to rely on in certain cases. MetLife may request additional information to evaluate your request for coverage.

ADF#D11252.16 ENROLL ONLINE AT PartnersforHealth.tn.gov BY Oct. 13, 2017

TERM DISABILITY

Option 2	Option 3	Option 4
For employees with 20 hours/week or seasonal employees hired prior to 24 months of service and certified by their attending physician to work at least year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Commission.	For employees with 20 hours/week or seasonal employees hired prior to 24 months of service and certified by their attending physician to work at least year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Commission.	For employees with 20 hours/week or seasonal employees hired prior to 24 months of service and certified by their attending physician to work at least year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Commission.
60% of salary paid monthly	60% of salary paid monthly	60% of salary paid monthly
Up to \$10,000 per month (covers annual salary of \$120,000)	Up to \$10,000 per month (covers annual salary of \$120,000)	Up to \$10,000 per month (covers annual salary of \$120,000)
10% of benefit or \$100 per month*	10% of benefit or \$100 per month*	10% of benefit or \$100 per month*
180 calendar days	90 calendar days	180 calendar days
65	65	65

*Health questions asked for 2017 Annual Enrollment and New Hire (31 days of eligibility date, 90 required for late enrollment participants electing a higher plan of benefit)

None

Salary 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)

Enrollment during 2017 Annual Enrollment questions based on your answers to health questions. MetLife will review your information and evaluate your request for coverage based on your answers to health questions. MetLife's underwriting rules and other information you authorize us to rely on in certain cases. MetLife may request additional information to evaluate your request for coverage.

ADF#D11252.16 ENROLL ONLINE AT PartnersforHealth.tn.gov BY Oct. 13, 2017

TERM DISABILITY

the plan Option you elect and your age as of September 1, next year on September 1 and your cost will increase by age into the next cost bracket.

AGE COVERED MONTHLY SALARY	60-69	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$40	\$59	\$75	\$92	\$110	\$146	\$97	\$97	
\$31	\$46	\$59	\$72	\$88	\$114	\$76	\$76	
\$49	\$72	\$91	\$112	\$134	\$178	\$118	\$118	
\$29	\$57	\$72	\$89	\$106	\$141	\$94	\$94	

PREMIUM FOR SHORT TERM DISABILITY

A member earning \$45,000 annually, selecting Option A

	EXAMPLE	WORK SPACE
As your Covered Monthly Salary*	\$45,000 ÷ 12 = \$3,750	
To get your per \$100 of	\$3,750 ÷ 100 = \$37.50	
premium by the appropriate rate based	\$37.50 x \$1.34 = \$50.25	

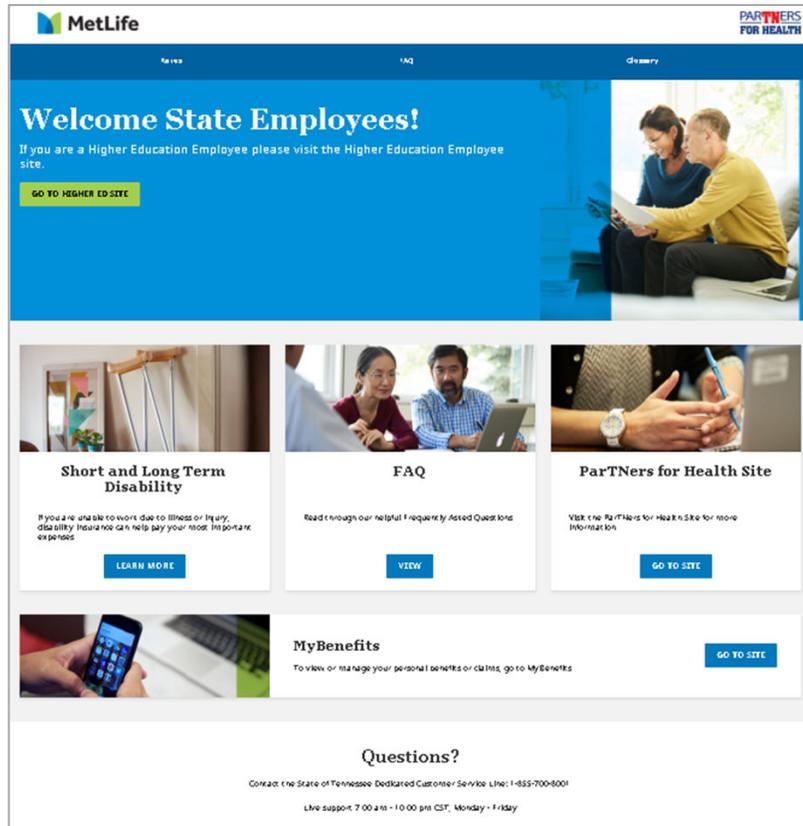
*Your Pre-disability Earnings means gross salary or wages you were earning from your employer as of September 1, effective October 1. This does not include awards and bonuses, commissions, overtime pay and any other compensation from your employer.

*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 \$14,250 (((\$2,500) × 20) ÷ 12), or \$14,250 if annual. This will be the same for Option 3 or 4.

ADF#D11252.16 ENROLL ONLINE AT PartnersforHealth.tn.gov BY Oct. 13, 2017

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.



MetLife