

Voluntary Term Life Insurance and Voluntary Accidental Death & Dismemberment (AD&D)

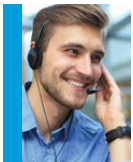
1. Contact MetLife at **877-ADPTS01 / 877-237-8701**:
 - Call MetLife to file a notice of loss including Claimant Full Name, SSN, Worksite Employer Name, Claimant Last Day Physically Worked and Date of Death. Deceased full name if not employee (spouse or child).
2. MetLife Claims Team will mail the Beneficiary Claim Kit to the beneficiary(ies).
3. Beneficiary must:
 - Complete claimant statement, sign and date the form along with death certificate (original or copy) to MetLife for processing.
 - Beneficiary completes forms and mails to the address included in the death claim packet.
 - E-mail to Lifecclaimssubmit@metlife.com
 - Fax to 1-570-558-8645

Voluntary Short Term Disability

1. Employees can initiate a claim via telephone.
 - Call MetLife at **877-ADPTS01 / 877-237-8701** for telephonic intake.

Voluntary Legal Services

1. There are no claim forms to submit to access the MetLife Legal Services plan.
 - Find an attorney – create an account at legalplans.com to see your coverages, select an attorney and get a case number for your legal matter. Or, call **800-821-6400** for assistance.
 - Make an appointment by calling the attorney selected, provide case number and schedule a time to talk or meet.
 - There are no copays, deductibles or claim forms when a network attorney is used for a covered matter.



We provide dedicated points of contact for all your claim needs, including submissions and escalations.

Service for Worksite Employees: **877-ADPTS01 / 877-237-8701**

Navigating Life Together

Voluntary Accident and Voluntary Hospital Indemnity

1. Visit mybenefits.metlife.com/ADPTotalSource to submit your claim form electronically or call MetLife at **877-ADPTS01 / 877-237-8701** to request claim forms to be sent via mail.
2. Provide supporting documentation from the healthcare provider or hospital related to the injuries and services received for which a claim is being made. The supporting documents MUST include 1) patient's name, 2) service dates, 3) diagnosis, 4) specific procedure or treatment.
3. Submit Claim:
 - Submit electronically through mybenefits.metlife.com/ADPTotalSource, or
 - E-mail to ahmetlifeclaims@metlife.com
 - Fax 855-306-7350 or mail directly (information can be found on the claim form)

Voluntary Critical Illness

1. Visit mybenefits.metlife.com/ADPTotalSource to access and submit your claim form electronically. You may also call MetLife at **877-ADPTS01 / 877-237-8701** to request claim forms to be sent via mail.
1. Complete all necessary sections outlined in the form, which includes completing Section 7 on the Physician's Attachment.
2. Your physician must complete the remainder of the Physician's Attachment (all of Section 8) and return the signed and completed form.
3. Provide supporting documentation from the provider related to the Critical Illness for which a claim is being made. The supporting documents MUST include 1) the diagnosis; 2) pathology reports, surgical notes, lab results, or clinical records that support the diagnosis of the covered condition and 3) the date(s) of diagnosis.
4. Submit Claim:
 - Submit electronically through mybenefits.metlife.com/ADPTotalSource, or
 - E-mail to ahmetlifeclaims@metlife.com
 - Fax 855-306-7350 or mail directly (information can be found on the claim form)



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