

# An Employee's Guide to the MetLife Disability Telephonic Reporting Service



**The Board of Trustees of the BLET Short Term Disability Program is interested in your welfare. Therefore, we are pleased to offer this plan for participating members.**

**It is our hope that you will never suffer a disability or illness but that you can be reassured that a plan is available in the event that you should need it. We have done our best to secure the best policy and provider available.**

Don Hahs  
Bill Walpert  
Lee Pruitt

If you are unable to work due to sickness, accidental injury, or pregnancy, disability benefits replace a portion of your lost income. This can help you keep your bills under control while maintaining your current lifestyle.

MetLife makes it easy for you to report your disability absence. You can establish your claim quickly and efficiently over the telephone; thus, eliminating the cumbersome process and occasional delays associated with paper claim filing. This brochure explains how to telephonically report your disability claim and what to expect during the claims process. MetLife Disability claims professionals understand the challenges you may face during a disability. We will address your needs quickly, treat you with compassion and respect, and assist you in returning to work as soon as you are able.

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## Reporting Your Absence

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1. If you will be absent from work in excess of 14 consecutive calendar days due to sickness, accidental injury, or pregnancy, report your absence claim by calling the MetLife Disability Claims Center at 1-800-858-6506. The Claims Center is available 8:00 a.m. – 8:00 p.m. (Eastern Standard Time), Monday through Friday.
2. You must report your absence to the MetLife Claims Center to initiate your claim for disability benefits. When reporting your absence, a Customer Service Consultant will ask you to provide some basic information, including:
  - **Personal Information** – name, address, telephone number, Social Security Number, date of birth, job title, General Committee, and local BLET division
  - **Job Information** – workplace location and address, work schedule, railroad, date entered engine service, telephone number, and date hired on railroad
  - **Sickness/Injury Information** – last day worked, nature of the illness, how, when, and where the injury occurred, when disability commenced, and craft working in at the time of injury/onset of illness
  - **Physician Information** – name, address, telephone number, and fax number for each treating physician

The Customer Service Consultant will also provide any other necessary instructions.

### *What to Expect – Initial Notification*

Within a few business days of your initial notification, a MetLife Case Manager may contact you to discuss:

- The information you reported to the Claims Center
- Your medical condition, including the impact it has on your ability to do your job, and your treatment plan
- The evaluation procedures under the disability program

Your physician will be contacted to discuss your medical information, treatment plan, prognosis, and functional abilities.

BLET may be contacted to discuss your specific job duties in detail. Confidential medical information will not be shared with BLET or your railroad. Only your physical abilities as they relate to your job requirements will be discussed.

For your convenience, a wallet InfoCard that outlines claim reporting procedures is attached to this brochure. You should retain this card in your wallet for future use.

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## Your Medical Information

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The release of your medical information to MetLife is critical to the evaluation of your disability claim. Therefore, inform your physician(s) that MetLife will be administering your claim and authorize the release of your medical information to the MetLife claims office. In addition, an “Authorization to Disclose Information About Me” form will be mailed to you from MetLife immediately after you report your claim. You should sign and return this form as soon as possible. This release authorization will expedite the processing of your claim.

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## Reviewing and Evaluating Your Case

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Once all the pertinent information has been obtained, MetLife will make an initial decision regarding your disability claim based on several factors, including:

- The Plan’s definition of disability
- Objective medical information provided by your physician
- Activities you can and cannot perform
- The circumstances of your condition, treatment plan, and prognosis



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- The requirements of the job and your ability to perform the job

You will be eligible for disability benefits when you become disabled as defined in your benefit plan. In addition, you must be receiving appropriate care and treatment from a qualified physician on a continuing basis.

#### *What to Expect – If Approved*

If MetLife approves your disability claim, benefit payments will be issued. You will receive an Explanation of Benefits (EOB) statement and a letter confirming the period for which payments have been approved. Also, the Case Manager may contact you to:

- Advise you that your disability is approved
- Discuss your expected return-to-work date
- Inform you how frequently your case will be re-evaluated and when to expect follow-up calls.

#### *What to Expect – If Denied*

If your Disability claim is not approved, in whole or in part, the Case Manager will:

- Contact you to explain why
- Inform the BLET of the claim denial
- Send you a formal letter that states the reasons for the denial and explains the appeal procedure.

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### Monitoring Your Progress

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Frequent and open communication between you and your Case Manager is critical if you are to achieve a safe and timely return to work.

#### *What to Expect – Case Management*

Your Case Manager will call you periodically to discuss your recovery and to answer any questions you may have about the Disability Case Management Program. How often the Case Manager contacts you will depend on your individual circumstances and the expected duration of your absence from work. For extended absences, the Specialist keeps a follow-up schedule of when to call you about your recovery progress.

Periodically, your physician will be contacted to discuss your current medical condition. Additional medical information may be needed in order to continue benefits under the disability program.

Effective communication is a two-way process; therefore, you are encouraged to call your Case Manager anytime you have questions or concerns about the program or your case. A Customer Service Unit is also available from 8:00 a.m. – 8:00 p.m. (Eastern Standard Time) Monday through Friday to answer your questions. The toll-free number is 1-800-858-6506.

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### Return-to-Work Services

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Throughout the entire disability claims process, your Case Manager will work with you, your physician, and BLET to determine a return-to-work plan specific to your needs and abilities. When appropriate, members of the MetLife Clinical Specialist Team may also become involved.

The goal of managed disability services is to deliver timely benefit payments while facilitating your safe return to work.

MetLife will mail an "Authorization to Disclose Information About Me" form to you immediately after you report your claim. It is important that you do the following:

- Complete all applicable areas of the form.
- Sign the form.
- Fax or mail the form as soon as possible to expedite your claim—retain original for your records.
- Provide your treating physician(s) with a signed copy.

*Failure to follow these steps could delay processing of your claim.*

Your physician(s) may also ask you to sign his/her specific authorization form(s). Please do so. However, you must still complete, sign, and return the MetLife authorization form.

To initiate a Managed Disability claim, call our toll-free number:

**1-800-858-6506**

- Call the toll-free number if you are absent for more than 14 consecutive calendar days due to a sickness, accidental injury, or pregnancy. If the absence is scheduled, such as a hospital stay, you should call prior to your last day of work.

*This card does not guarantee coverage.  
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If you need BLET assistance in working with MetLife,  
request the name and number of the BLET Administrator  
from your Case Manager.

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To initiate a Disability claim for a sickness, accidental injury,  
or pregnancy, simply call MetLife's toll-free number.

When you call, you will be asked to provide the following information:

- **Personal Information** – name, address, telephone number, Social Security Number, date of birth, job title, General Committee and local BLET division
- **Job Information** – workplace location and address, work schedule, railroad, date entered engine service, telephone number, and date hired on railroad
- **Sickness/Injury Information** – last day worked, nature of the illness, how, when, and where the injury occurred, when disability commenced, and craft working in at the time of injury/onset of illness
- **Physician Information** – name, address, telephone number, and fax number for each treating physician

Metropolitan Life Insurance Company, NY, NY 10010

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**Keep this important card with you.**

This card provides you with the telephone number and key items of information you will be asked to provide when initiating your claim.