How to submit a claim

If you pay for covered services out-of-pocket, submit a claim for reimbursement.

You can submit claims in five convenient ways:

Online via MetLife's website, eBenefits, at eBenefits.metlife.com

Mobile app

Email

Fax

Courier mail

The easiest way to submit your claim is to submit on eBenefits via our website or mobile app. If you cannot do this, we recommend emailing or faxing your claim to Customer Service. If you do not submit your claim online, you can download a Claim form on eBenefits.

Claim submission hints

- The best way to avoid submitting a claim is to use a direct pay provider who will bill MetLife instead of you for the cost of your services.
- Include your itemized **bills** and **payment receipts**. An itemized bill should clearly identify individual dates of service. For each date of service, ensure a description of the service and the cost per service are available. Please make sure your images are clear so we can read them – that means bright lighting, center the invoice in the middle of the image, and make sure the numbers are legible.
- You have a limited time to submit claims — check your medical certificate, found on eBenefits, for details. Claims submitted after this deadline may be denied.
- If you fill out a **Claim Form** rather than submitting online:
  - Fill it out completely and be specific about your diagnosis or reason for treatment.
  - Remember to include your **Policy Number** (found on your ID card).
  - Clearly state how you would like to be reimbursed.
  - **Sign and date** the form.
  - **Keep a copy** of your forms and receipts for your records. Please do not send your original receipts.

MetLife

How to complete a Claim Form:*

PART A

1. Employee's First, Middle and Last Name = policyholder's name as shown on the ID card
2. Employer Name = employer name as shown on your ID card
3. Group Policy Number = Policy Number as shown on your ID card
4. Mailing Address, City, State, Postal Code, Country = address where you want to receive mail from MetLife
5. Email = your work or personal email address
6. Birth Date = your date of birth
7. If you are changing your address, check "Yes," if not, check "No"
8. Employee Status = if you are still working for the policyholder listed on your ID card, the status is "Active"

PART B

1. Patient's First, Middle and Last Name as shown on their ID card (either yourself or covered dependent)
2. Patient's Birth Date = the Date the patient was born
3. Patient's Gender = choose "Male" or "Female"
4. Patient's Relationship to Employee
5. Does your family have any other form of medical or dental coverage? Only say yes if you or the covered dependent has another form of coverage in which he/she is also enrolled.

PART C

1. Diagnosis or Chief Complaint = Why did you or your dependent go to the doctor or hospital?
2. Is condition due to an injury arising out of patient's employment? = Did you hurt yourself while at work? If yes, please describe.

PART D

1. Payment to Employee = Please indicate where the payment should be sent. Check with your Customer Service to determine what reimbursement options are available to you.
2. Please complete a this Claim Reimbursement form and send in with your claim to provide all the banking details necessary. This form can be downloaded from eBenefits.
3. What currency would you like your payment in = Select your preferred reimbursement currency; please note, currency selected must be the same currency as the bank account if selected wire transfer.
4. Authorization to pay provider = if you have not yet paid the provider and want Metlife to pay the provider directly, check this box.

PART E

1. Authorization to Release or Obtain Information = sign your name and date the form. This allows MetLife to see information that may be needed to process your claim on your behalf if needed.

Attending physician's statement:

If your doctor or the hospital did not give you a complete, itemized bill including dates of service, descriptions of service, cost per service, and diagnosis, have your doctor complete this part of the Claim form. Send this part of the Claim form in along with a receipt showing what you paid.

*If completing an online claim form, responses for Part A will pre-populate.

Frequently asked questions

Q. How long will it take for me to be reimbursed once I submit my claim?

A. The standard turnaround for processing of a claim received with all required documentation is 10 business days. Please note that it may take additional time for funds to appear in your account, particularly if international banking is involved.

Q. Why isn't my claim showing up on the website?

A. Your claim detail will appear on eBenefits once the claim has been processed. To see submited claims that are in progress, click the "Claims" tab and then click the "View Saved/Submitted Online Claims" link.

If you have any questions, contact Customer Service using the information listed on your ID card.

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