

RWJ Barnabas Health Long Term Disability claims process overview

If you need to file a Long-Term Disability (LTD) claim due to a disabling condition that prevents or limits your ability to work (employee's own medical leave), contact the MetLife Group Disability Reporting Line at **1-833-622-0139**.



Claim intake and data gathering

- Inform your supervisor/manager of your leave of absence request
- Notify MetLife to initiate your LTD claim — you will be given a claim number at the end of the call. You may call or initiate your claim through the MyBenefits website at www.metlife.com/mybenefits.
- MetLife may contact you for additional details about you, your job, your condition and your treatment plan and provider.
- MetLife will then mail an Acknowledgement Package to you with important information that requires action.



Initial review and decision

- You will be notified of the initial decision via phone and letter.
- You can check the status of your claim and/or leave by visiting www.metlife.com/mybenefits.
- MetLife will keep you informed on the status of your claim and will notify you of additional information that is needed.
- If applicable, MetLife will discuss your Return to Work options with you and help determine an expected return to work date.



Ongoing evaluation

- MetLife will periodically contact you and your health care provider(s) to evaluate your status, treatment plan and functional abilities.
- MetLife will contact you by phone and send a letter to inform you of changes in claim status, such as an extension or closure.
- You will be contacted to discuss your claim and the duration you are expected to remain disabled, the appropriate information and forms will be mailed to you.

* If you have an existing LTD claim, you will be asked to provide ongoing proof of disability on at least an annual basis, if not more often depending on claim circumstances. Ongoing claim management may be completed more frequently should claim circumstances change. This means that MetLife will periodically request that you provide updated medical information from your health care provider(s) and other information for ongoing medical management and vocational assessment.



Return to work

- Depending on the terms of your employer's LTD plan, you may be required to participate in a rehabilitation/Return to Work Program. You may be contacted by your claims specialist, a nurse clinician and/or a vocational rehabilitation consultant to discuss your return to work options, when appropriate.
- Before you return to work, RWJ Barnabas Health may require that your health care provider complete a return to work note or Release to Work form; a copy of the form is included in your LTD.
- If required, you may return a copy of the form to your supervisor and MetLife. The form can be sent to MetLife by fax to 1-800-230-9531, uploaded to www.metlife.com/mybenefits or emailed to oriskanymetlife@metlife.com
 - If there are no restrictions on your return to work, contact your supervisor/ manager and confirm the date you will return, per the date indicated on your form.
 - If there are restrictions provided on the Return to Work form, MetLife will confirm whether RWJ Barnabas Health can accommodate those restrictions. Your supervisor or HR business partner will contact you regarding your return to work status.



If your claim is denied

- MetLife will contact you by phone and send a letter to explain why your claim was denied and provide information about how you may file an appeal. MetLife will also notify RWJ Barnabas Health of your claim denial.
- Your appeal must be received by MetLife within 180 days from the date of your decision letter and sent to:
MetLife Disability
P.O. Box 14592
Lexington, KY 40512-4592
Fax: 1-844-380-0569 or
Email: DisabilityAppeals@metlife.com
- MetLife will send you a letter to let you know when your appeal request was received and when to expect an appeal decision.

Frequently Asked Questions

What is disability benefits coverage?

The purpose of disability benefits coverage is to provide income protection for eligible employees during periods of extended, serious illness or injury. Long-Term Disability benefits begin after a 180 day elimination period.

When do disability benefits begin?

If a claim for long-term disability is approved, disability benefits will begin after the 180 day elimination period, which starts as of your first date of disability, if the accident or serious illness renders an employee unable to earn more than 80% of their predisability earnings from their own occupation.

Who decides whether a disability qualifies for benefits?

All benefit determinations, case reviews, approvals and denials are made independently by MetLife.

How can I provide information to MetLife?

There are several ways for you to forward information. For all communications to MetLife, you must include your name and associated claim number(s). Documents can be provided to MetLife via:

- MetLife's secure web portal at: www.metlife.com/mybenefits
- Fax to: 1-800-230-9531
- Email to: oriskanymetlife@metlife.com

Who can I contact for assistance?

MetLife – Customer Response Center –
1-833-622-0139