MetLife | Accident

Helping provide a financial cushion for life's unexpected events



Accidents happen. And unexpected injuries can lead to unexpected costs. MetLife Accident Insurance helps give you the financial protection to absorb expenses like copays, and deductibles. **Your lump-sum benefit covers over 150 events and is paid directly to you.**[1]

Broad coverage for a variety of needs

- Injuries
- Medical Services and Treatment
- Hospitalization due to accident[2]
- Accidental Death and Dismemberment
- Limb Loss and Paralysis

Example: Simone slipped and fell on ice on her way to work and broke her arm. She was admitted to the hospital[2] for surgery and recovery.*

1

After recovery…

Simone submits a claim under her Accident Insurance on MyBenefits and includes supporting documentation from her doctor and the hospital where she was treated.

2

Simone views her acknowledgement letter through the MyBenefits portal which lets her know that her claim was successfully submitted.

3

Her claims specialist, David, reviews her information and confirms that she has submitted the required documentation from her healthcare providers.

4

David processes a claim for Simone under her Accident coverage. Simone's claim is approved, and she is able to view the status in the MyBenefits portal.

5

Simone receives a check in the mail which includes her benefit amount for her Accident Insurance. She receives an Explanation of Benefits that explains the claims processed, and payment provided.

With her benefit payment, Simone was able to pay some out-of-pocket medical expenses such as copays related to physical therapy visits.

*This is a hypothetical example and does not represent a specific individual's experience. Your actual experience and results may differ.

Expenses that may not be covered by medical plans, such as co-pays, deductibles, childcare costs, mortgage payments, groceries and experimental treatments, could cut into your savings.

Accident claim

Below, you'll find the information you need to make the process go smoothly, so that you can receive payments quickly and focus on your recovery.

Submit using MyBenefits: Quick and easy claim submission!



Step 1

Visit **mybenefits.metlife.com** or download the **MetLife Mobile App** to view your certificate of insurance and to initiate your claim.



Step 2

Answer some questions about your claim and upload your medical documentation to support your claim. The whole process takes just minutes!



Step 3

Visit **MyBenefits** or your **MetLife Mobile App** frequently to check claim status, letters and benefit payments.

Submit using an Accident Insurance claim form

1. Call MetLife at 1-866-626-3705 (Monday – Friday, 8 am – 8 pm EST) to request a claim form to be sent via mail.
2. Please provide supporting documentation from the healthcare provider 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) verified diagnosis and 4) specific procedure or treatment.
3. Documentation that will be helpful to MetLife in making a claim decision include itemized invoices for services received; copy of discharge papers if treated in the emergency room; if admitted to the hospital, documentation from the hospital that details admission and discharge dates, diagnosis and room assignment (ICU and/or Non-ICU); or Motor Vehicle Report if applicable. For additional information on what is needed to process a claim, please review the list of documents on the claim form and the details within your certificate.
4. If this is an additional claim for an accident previously reported (i.e., claim previously submitted and additional services were incurred), no claim form is required. Please include your claim number and/or certificate number on all pages of the additional documentation you submit.
5. Once claim forms have been completed and accompanying documentation (physician statement, medical information, etc.) have been obtained, you may submit as follows:
   - Submit electronically through MyBenefits (mybenefits.metlife.com) or the MetLife Mobile App
   - Email to ahmetlifeclaims@metlife.com
   - Fax or mail directly (information can be found on the claim form)



Depending upon your condition, supporting documents may include:

- **Police, toxicology, accident or incident reports**
- **Lodging/hotel receipts**
- **Ambulance receipt**
- **If hospitalized, admission and discharge papers**
- **If not hospitalized, office visit and treatment notes**
- **If deceased, death certificate, autopsy report**

Note: This list is not all inclusive, for additional information on what is needed to process a claim, please review the list of documents on the Claim Form and/or the details within your Certificate.



What happens after my claim is submitted?

- A MetLife Claims Specialist will review your information and request any additional medical information (if necessary).
- An acknowledgement letter is sent from MetLife when the claim is successfully submitted.

Visit MyBenefits or the MetLife Mobile App frequently to check claim status, letters and benefit payments.



Approval process and payment process

- There are two available payment methods, which are a physical check or direct deposit.
- Upon claim approval, an Explanation of Benefits (EOB) explains the claim that was processed, and payment provided. The EOB is attached to the check or available to be viewed on MyBenefits if payment is made via direct deposit.
- Payments to the claimant will be received within 7 – 10 business days after the claim is approved.[3]

1. Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
2. Hospital does not include certain facilities such as nursing homes, convalescent care, or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details Statement or Outline of Coverage/Disclosure Document for full details
3. Applies only to "clean" claims. A clean claim is a claim submitted with all the required information necessary to process the claim — no missing information requiring additional follow-up with the subscriber. It generally takes 10 business days to process "clean" claims.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There are benefit reductions that begin at age 65, if applicable. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

MetLife

Navigating life together

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