

# PASSHE Disability Claims Process Overview

If you experience a disabling condition that prevents or limits your ability to work, please file a claim by contacting MetLife at **1-833-622-0135** or visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits).



## Claim intake and data gathering

- Inform your supervisor/manager of your leave of absence request
- Notify MetLife within 60 days (90 day waiting period) or 150 days (180 day waiting period) of the first day of absence to initiate your LTD claim — you will be given a claim number at the end of the call.
- 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](https://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.
- PASSHE Employee Assistance Program is available if needed during your time of disability. Please contact OPTUM at 1-800-692-7459 or visit [www.liveandworkwell.com](https://www.liveandworkwell.com), access code 'Pennsylvania'.



## Return to work

- Depending on the terms of your 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.



### **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 PASSHE 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](mailto:DisabilityAppeals@metlife.com)  
  
MetLife Disability  
P.O. Box 14760  
Lexington, KY 40512-4760  
Fax: 1-844-519-5660 or  
Email: [DisabilityAppeals@metlife.com](mailto: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.

**For more information on this process, contact your HR Representative.**

# 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.

## When do disability benefits begin?

If an absence from work is due to an accident, injury or illness and the claim for long term disability is approved, disability benefits will begin after the selected elimination period (90 or 180 days) of the approved absence if the accidental injury renders an employee unable to earn more than 80% of their predisability earnings at their own occupation.

## Who decides whether a disability qualifies for benefits?

Your claim is administered by Metropolitan Life Insurance Company (MetLife) on behalf of Pennsylvania State System of Higher Education, with the final authority being with MetLife.

## Can I report an absence in advance (ex. scheduled surgery)?

Yes, an absence can be reported in advance and the initial medical documentation can be on file; HOWEVER, the claim will not be approved until the actual absence. This means that your claim will be in a PENDING status until the reported event or absence has occurred. Shortly after the scheduled absence date, you/your physician will be contacted by MetLife to confirm the absence.

## When does long term disability begin?

If an employee remains disabled following either 90 or 180 days (depending on plan election) of STD benefits, he/she may be eligible for LTD benefits. If you have STD coverage with MetLife, we will automatically refer the STD claim for an LTD claim review. Should this occur, MetLife will automatically refer the STD claim for an LTD claim review. You will be contacted by MetLife, and if you are expected to remain disabled, the appropriate information and forms will be mailed to initiate a claim.

If an LTD claim is approved, MetLife will periodically request updated information from the health care provider(s) and other information for ongoing medical management and vocational assessment.

## 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](http://www.metlife.com/mybenefits)

## Who can I contact for assistance?

MetLife's Customer Response Center –  
**1-833-622-0135**