

First level appeal: Disability

A first level appeal (MetLife refers to this as a “Second Review”) should be used to appeal adverse benefit determinations involving disability benefits (benefit denial, benefit discontinuance, plan exclusions, or preexisting conditions exclusion (short term, optional short term, long term)).

Appealing the Initial Determination

If MetLife denies your claim, you may appeal the decision. Upon your written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim. You must submit your appeal to MetLife at the address indicated below within 180 days of receiving MetLife's decision.

MetLife Disability

PO Box 14592

Lexington, KY 40511-4592

- Or by Fax: 1-844-380-0569

- Or to: DisabilityAppeals@metlife.com

Appeals must be in writing and include at least the following information:

- Name of Employee
- Name of the Plan and Claim Number
- Reference to the initial decision
- An explanation why you are appealing the initial determination

As part of your appeal, you may submit any written comments, documents, records, or other information relating to your claim.

After MetLife receives your written request appealing the initial determination, MetLife will conduct a full and fair review of your claim. Deference will not be given to the initial denial, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that you submit relating to your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review your appeal will not be the same person as the person who made the initial decision to deny your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny your claim.

MetLife will notify you in writing of its final decision within a reasonable period of time, but no later than 45 days after MetLife's receipt of your written request for review, except that under special circumstances MetLife may have up to an additional 45 days to provide written notification of the final decision. If such an extension is required, MetLife will notify you prior to the expiration of the initial 45 day period, state the reason(s) why such an extension is needed, and state when it will make its determination.

If MetLife denies the claim on appeal, MetLife will send you a written decision that states the reason(s) why the claim you appealed is being denied and references any specific Plan provision(s) on which the denial is based.

If you have questions, please call the MetLife customer service unit at 888-533-6287.