

MyBenefits

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MetLife

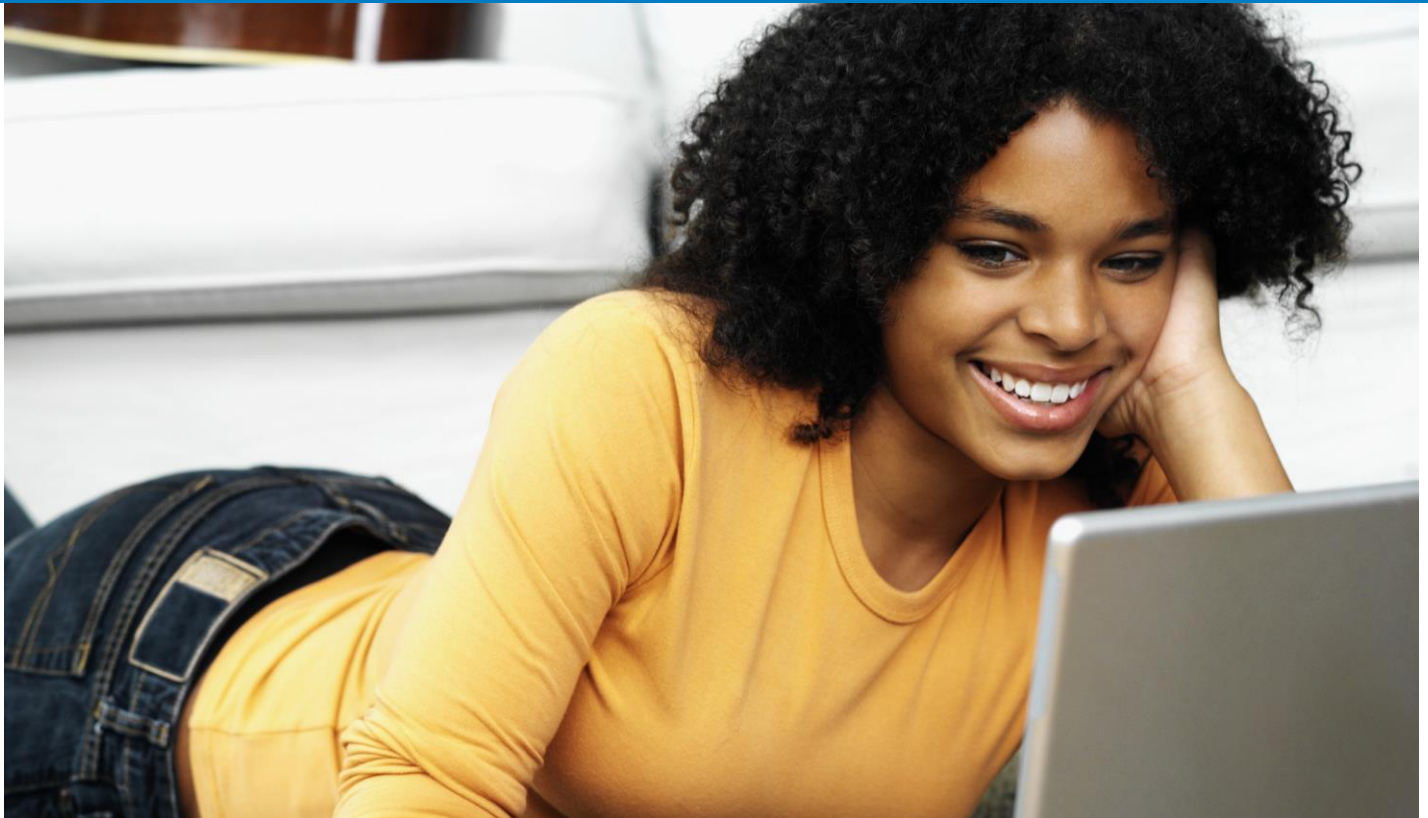


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Submit an Absence

This tab provides the employee with the ability to submit an absence. The questions vary depending on the length and type of Absence for which they are applying.

Select Type of Absence




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Submit an Absence


Submit an Absence


Please Select an Operation to Perform

New Absence/Intermittent Period 

New Absence/Intermittent Period

Intermittent Absence

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MetLife will assign the right resources to make sure your claim or absence request receives the attention it deserves.

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Absence Submission Questions

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1. Is there an alternate mailing address for communicating details regarding this absence?

Yes ☐ No ☒

2. Is there an alternate or best contact phone number for communicating details surrounding this absence?

Yes ☐ No ☒

3. What type of absence is being reported?

Jury Duty

Own Health Condition

Care of Family Member

Child Bonding

Bereavement

Jury Duty

Military Duty

Sabbatical

Personal Illness Leave

Paid Parental Leave

Personal Leave

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Short Term Absence

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Submit an Absence

4. What is the reason for the absence?

Immediate Family Member – Self

5. What is the absence start date?

3/17/2010

6. What is the absence end date?

3/22/2010

7. What is the anticipated return to work date?

3/23/2010

8. If the employee has already returned to work, what was the actual return to work date?

Month, Day, Year

9. Do you wish to view the employee's schedule for this timeframe?

Yes ☐ No ☒

10. Will this absence be:

Continuous

11. Will your first day out be a full day?

Yes ☐ No ☐

12. Will your last day out be a full day?

Yes ☐ No ☐

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Absence Submission Review

The employee will be given the opportunity to review the answers to the questions before submitting the request. Once the answers have been reviewed and the employee is satisfied that they are accurate, they will click on the “Submit” button below.

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Submit an Absence

1. Is there an alternate mailing address for communicating details regarding this absence?	No
2. Is there an alternate or best contact phone number for communicating details surrounding this absence?	No
3. What type of absence is being reported?	Jury Duty

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4. What is the reason for the absence?	Immediate Family Member – Self
5. What is the absence start date?	3/17/2010
6. What is the absence end date?	3/22/2010
7. What is the anticipated return to work date?	3/23/2010
8. If the employee has already returned to work, what was the actual return to work date?	
9. Do you wish to view the employee's schedule for this timeframe?	No
10. Will this absence be:	Continuous
11. Will your first day out be a full day?	
12. Will your last day out be a full day?	

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Absence Submission Confirmation Page




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Absence Confirmation

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Submit an Absence

This absence has been successfully submitted. You can click on the Absence Number below to view detailed information.

Employee	Absence #
Tom Smith	A1322KH09421

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Submit Intermittent Time

This tab allows the employee to add intermittent time periods for an already approved absence.



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Submit Intermittent Time

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Submit an Absence

Which Intermittent Period would you like to report time on?

Absence #	Absence Type	Start Date	End Date	Status
A1322KH05921	Own Serious Health Condition	1/1/10	12/1/10	Approved

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Intermittent Absence Submission Questions

The employee will be asked a series of questions regarding the Intermittent Time requested for the approved absence.





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Submit Intermittent Time Print

Submit an Absence

1. What is the absence start date?	<input type="text" value="3/25/2010"/>	
2. What is the absence end date?	<input type="text" value="3/25/2010"/>	
3. Will your first day out be a full day?	Yes <input type="radio"/> No <input type="radio"/>	

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Intermittent Absence Submission Review

The employee will be given the opportunity to review the answers to the questions before submitting the request. Once the answers have been reviewed and the employee is satisfied that they are accurate, they will click on the “Submit” button below.




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Submit Intermittent Time

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Submit an Absence

1. What is the absence start date?	3/25/2010
2. What is the absence end date?	3/25/2010
3. Will your first day out be a full day?	No
4. Please indicate partial hours to be taken on first day of absence.	3
5. Would you like to enter more time on this same Intermittent Period?	No

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Note: There is no confirmation screen for this type of submission. The employee instead will be taken back to the Your TAM home page.

Forms

Forms at your Fingertips provides employees and managers with convenient access to many of the forms they may require.



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Forms at your Fingertips


Many of the forms you need are right here - simply download and print them out. You can then fill them out in your own time, and submit them to us by mail or fax. Directions and details are available on each form.

Claims Forms

Absence Management	Online	Download
HCPC Service Member Injury	Start Here	
HCPC Employee Own Serious Health Condition	Start Here	
HCPC Family Member Serious Health Condition	Start Here	
HCPC Qualifying Exigency	Start Here	

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Common Questions

This tab provides Frequently Asked Questions (FAQs) and informational videos regarding the Total Absence Management and Disability processes.




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Common Questions / Video

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The content of these frequently asked questions and answers is provided for your information and convenience. If you are covered or become covered for benefits, the terms and conditions of your coverage are determined by the applicable benefit plan documents and/or MetLife insurance policy, contract, or certificate. In the event of any conflict with the content of these frequently asked questions and answers, the applicable benefit plan or MetLife insurance documents shall be controlling. You can obtain copies or instructions on how to obtain copies of those documents from MetLife or your employer.

If you have questions about how MetLife's Total Absence Management (TAM) process works, click on the link below to watch an introductory video.

[TAM Process Video Link](#)

If you also have STD or LTD coverage with MetLife and have questions about the process, please click on the following link to watch an introductory video.

[Disability Process Video Link](#)

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Before Filing

- 1) What is a Leave of Absence?**

Typically, a leave of absence represents a period of time during which you will be absent from work that is not taken under your employer's vacation, sick time or paid time off policy. It can include time taken under the FMLA (Family & Medical Leave Act), similar State leave laws, time taken because you have been called to active duty in the military or any other time your employer has chosen to offer under their leave of absence policy.
- 2) How do I know what time off is administered by MetLife?**

You should have received instructions from your employer to tell you when to call MetLife or who should be notified in the event you will be absent. If you are unsure, please contact your employer for instructions.

Glossary

Claim Status Defined

STD/LTD claim statuses are defined as:

- **Closed:** The claim has been closed and no further benefits are payable.
- **Denied:** The claim for benefits has been denied.
- **Open:** The employee has been approved for benefits and will be or currently is receiving benefits.
- **Pending Claim:** Not all required claim information has been received and/or a claim decision has not yet been made.
- **Suspended:** Payment of benefits has been discontinued. Benefits may recommence upon receipt and review of requested information

FMLA claim statuses are defined as:

- **Abandoned:** Leave request opened in error. Disregard.
- **Approved:** Request for leave has been granted.
- **Canceled:** See Abandoned.
- **Closed:** Family/Medical leave has ended.
- **Denied:** Family/Medical leave request has been denied.
- **New:** Newly received Family/Medical leave request awaiting further action.
- **Pending:** Additional information needed before Family/Medical leave request determination can be made.
- **Reopened:** Additional Family/Medical leave information being considered.