



How to file a PFML Claim

Follow the steps below to start your claim leave request. These instructions also provide information on what to expect during the process – we’re here to help.

Step 1: Notify your supervisor of your leave

Discuss the reason for your leave including:

- The length of your leave and your estimated return-to-work date.
- If you will need to take leave all at one time (continuous) or for shorter periods (intermittent) and if your serious health condition requires a reduced work schedule.
- If you have any potential employer-paid leave benefits such as PTO, vacation, sick leave, other forms of insurance such as Workers Compensation or state paid leave benefits.

File your claim within 60 days prior to or within 30 days after your leave beginning on 1/1/2026.

Step 2: Gather Materials to Support Your Claim

1. Please complete this [Certification Form](#) to provide the required proof to support your claim.
2. If you are filing for Paid Medical Leave, for your own serious health condition, pregnancy, and/or childbirth, you will need to provide consent with this [Medical Authorization Form](#) to allow MetLife to gather information from your healthcare provider to support your claim.
3. If your leave qualifies for more than one benefit administered by MetLife, such as, Paid Medical Leave, Short Term Disability, Paid Family leave, and/or FMLA, you only need to submit one certification and authorization form.

Step 3: Option 1 - File a Claim via PHONE

1. To start your claim, call MetLife at (833) 622-0135.
2. Speak with a MetLife customer care advocate and provide the following:
 - Your name, address, e-mail address, telephone number and employee ID.
 - Your employer's name, address, and telephone number.
 - Reason you are opening a claim, including any applicable medical condition or family needs which may impact your ability to work your normal schedule.
 - If applicable, health care provider(s) contact information.
 - Absence details, such as your first day absent and your anticipated return to work date.

MetLife will create your claim and provide you with a reference number by the end of the call. Please keep this reference number for future use.



Step 3: Option 2- File a Claim ONLINE

Register on MetLife's MyBenefits Website

1. Go to mybenefits.metlife.com and enter your company name in the Employer or Association field. Click **Next**.
2. Click **Register** to perform the one-time registration process. You'll be asked to provide:
 - a. Your first name, last name, and email address.
 - b. Phone number, date of birth and zip code.
 - c. Employee ID or Social Security number (SSN).
 - d. Verification code (we will provide this to you).
 - e. Unique username and password.
3. Once you read and agree to the website's Terms of Use and you opt into electronic consent, we'll send you a registration confirmation to the email address you provided.

Access MyBenefits

Type and select your organization.

 Remember my selection

File a claim

4. After you have registered or logged into your account, from the homepage:
 - a. Click on **Claim Center** at the top.
 - b. Under "Absence Management" click select **File an Absence**.
 - c. Select "Other Claim" for PFML
 - d. On the File a Claim page, click **Start**.
 - e. Follow steps 1 through 6 to submit your request.
5. You'll be asked to provide personal information (i.e., address, telephone #, email and absence type etc.)
6. You'll be asked to provide details about your claim; refer to discussion with your supervisor in step 1.
7. Review submission for accuracy. You must check the boxes confirming that you read and consent to the Consumer Electronic Consent and Fraud Warning Statement.
8. Reconfirm your password and click **Submit a Claim**.

Absence
Absence and Disability

I Want To... ▼

Absence and Disability Insurance enables you to report, view and manage your absences from work. Disability Insurance ensures that you'll receive a portion of your income if you need to stop working for a period due to a disabling illness or accident.

No recent absences have been submitted. You can file a new absence below.

Submitted an absence but don't see it here? Contact a MetLife representative for help.

Step 4: What happens after I file a claim?

Within 2-4 business days of filing your family/medical leave claim with MetLife, MetLife will send an Acknowledgement Package with important information regarding your claim(s).

For your convenience, download the **Medical Authorization and Attending Physician Statement (APS)** to fast track your claim prior to the acknowledgement package arriving.

1. Please ask your healthcare provider to complete the Attending Physician Statement (APS). This is required to provide proof to support the reason for your claim.
2. Please complete the Medical Authorization form. You'll need to sign a consent to allow MetLife to gather information to support your claim.



Step 4: What happens after I file a claim? (Continued)

1. Please mail, fax, **or** upload the completed forms to us at:

Mail:

MetLife Disability
PO Box 14590. Lexington KY 40512-4590

Fax:

1-800-230-9531

Upload:

- Log into: mybenefits.metlife.com
- Locate your claim under My Accounts
- Click on “**Add a comment or document**” to have it added to your claim

2. A MetLife claims specialist may contact you for additional details about you, your job, your condition, your treatment plan, and health care provider(s).
 - Your claims specialist will also discuss your anticipated return to work date.
3. Your employer will be contacted to confirm employment and coordinate other eligible benefits.
4. We'll follow up with a letter detailing any missing information to complete your claim if needed.
5. **MetLife will make a decision about your claim.**
 - Once a decision is made on your claim(s), you'll receive a call from a MetLife claim specialist and a letter. If approved, the letter will include your benefit amount and instructions on how to contact MetLife if you require further assistance.



Step 5: Communication with MetLife when on leave

- Your claims specialist will periodically contact you and your health care provider(s) to check-in on you and your health.
- If there's a change in claim status, your claims specialist will contact you by phone and send a letter to outline the change such as an extension or closure.
- If you're taking a leave on an intermittent basis, please continue to tell your claims specialist when you're on leave so that benefits can be paid appropriately.

Step 6: Returning to work after leave

- You may be contacted by your claims specialist, a nurse clinician, PCS, and/or a vocational rehabilitation consultant to discuss your return-to-work options.
- If you return to work earlier or need to be out longer, call your claims specialist to create a new return to work plan. Also, please call your employer to keep them informed of any changes to your return-to-work date.

Step 7: If your claim has been denied

- You have the right to appeal the decision on your claim.
- The decision letter will provide important information about how to file an appeal and the required timeframe.