

# Disability Claim Employee's Physical & Cognitive Job Description

## MetLife®

Metropolitan Life Insurance Company  
P.O. Box 14590  
Lexington, KY 40512  
Fax: 1-800-230-9531

Instructions for completing the claim form:

1. Complete all applicable areas of the claim form.
2. Sign the claim form.
3. Fax this form to expedite your claim – retain original for your records.

Name of Employee: _____	Usual Days Worked _____ /per week
Employee's Job Title: _____	Hours Worked _____ /per week
Social Security Number: _____	Claim Number _____

This section should be completed by someone who is familiar with the employee's job functions (e.g., manager or supervisor). Complete all sections. This section must be completed AND you must also attach a copy of your company's description for the employee.

Name of Person Completing This Section: \_\_\_\_\_

Title: \_\_\_\_\_

☐ Marking or clicking this box will serve as your signature.

Date: \_\_\_\_\_

Place an X in each of the appropriate boxes to describe the extent of the specific activity performed by this employee.

	Number of Hours Per Work Shift						Number of Hours Per Work Shift				
	0	1-2	3-4	5-6	7-8+		0	1-2	3-4	5-6	7-8+
1. Sitting						14. Grasping					
2. Standing						A. Simple/Light					
3. Walking						1. Right Hand Only					
4. Bending Over						2. Left Hand Only					
5. Twisting						3. Both Hands					
6. Climbing						B. Firm/Strong					
7. Reaching Above Shoulder Level						1. Right Hand Only					
8. Crouching/Stooping						2. Left Hand Only					
9. Kneeling						3. Both Hands					
10. Balancing						15. Fine Finger Dexterity					
11. Pushing and Pulling						A. Right Hand Only					
12. Repetitive Use of Foot Control						B. Left Hand Only					
A. Right Foot Only						C. Both Hands					
B. Left Foot Only						16. Use of Head and Neck in:					
C. Both Feet						A. Static Position					
13. Repetitive Use of Hands						B. Twisting					
A. Right Hand Only						C. Looking Up					
B. Left Hand Only						D. Looking Down					
C. Both Hands											

	Never 0% Of Time	Occasionally 1-33% Of Time	Frequently 34-66% Of Time	Continually 67-100% Of Time
17. Lifting or carrying				
A. Up to 10 lbs				
B. 11 – 20 lbs				
C. 21 – 50 lbs				
D. 51 – 100 lbs				
E. 100 + lbs				
18. Frequency of Interpersonal Relationships Necessary to Perform the Job				
19. Frequency of Stressful Situations Necessary to Perform the Job				

In the course of performing the job, the employee is required to:

20. Drive cars, trucks, forklifts and/or other equipment
21. Be around moving equipment and/or machinery
22. Walk on uneven ground

Yes	No

23. Be exposed to dust, gas, or fumes

if yes, are respirators required

24. Be exposed to marked changes in temperature or humidity

25. Is overtime required on a routine basis

Yes	No

	0	Not applicable to this position
Function of the position	1	1-33% of the work day
Necessary function of the position	2	34-67% of the work day
Essential function of the position	3	68-100% of the work day

#### Where Applicable to the Employee's Job:

	0	1	2	3
Need to identify and manage goals, objectives, and performance measurements (within the scope of their position) for <b>self</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to identify and manage goals, objectives, and performance measurements (within the scope of their position) for <b>others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to conceptualize information (data) and formulate practices or make final decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to perform intellectually complex tasks requiring higher levels of reasoning, quantitative or language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to comprehend and follow established instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to negotiate, organize, and direct subordinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to be able to receive criticism or feedback from co-workers or customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to work in demanding work situations requiring the ability to set limits, and follow standards and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to maintain a work pace appropriate to workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to utilize sound judgment at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to perform repetitive tasks not requiring independent thought processes or judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to perform under work conditions that are deemed risky or present with a degree of danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to accept and carry out responsibility for direction, control and planning of tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to generalize, evaluate and make independent decisions without immediate supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to perform under stressful conditions with established timelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to perform a complex variety of job duties and/or multi-task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to remain flexible and adaptive to the work environment and co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to maintain collegial contact with others and work as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to positively interact with customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## **Fraud Warning:**

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska – A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona – For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

California – For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma – WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky – Any person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire – A person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon and Vermont – Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Name of Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Fraud Warning (*continued*):**

**Puerto Rico** – Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Texas** – Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Pennsylvania and all other states** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning a fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**New York** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

This section must be completed AND you must also attach a copy of your company's job description for the employee.

Name of Person Completing This Form: \_\_\_\_\_

Title: \_\_\_\_\_ Phone # \_\_\_\_\_

☐ Marking or clicking this box will serve as your signature.      Date: \_\_\_\_\_