

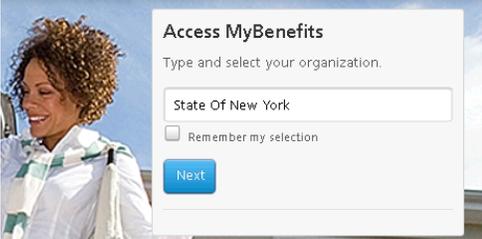
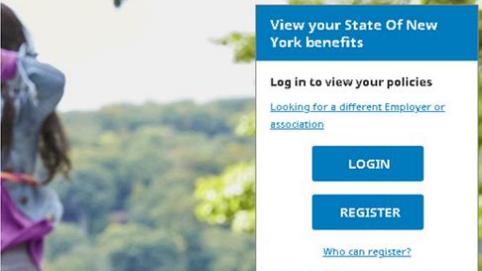
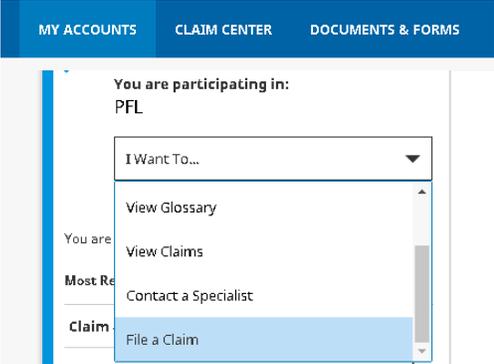


The following guidance is intended to assist you as you navigate the MyBenefits portal when submitting a claim for Paid Family Leave (PFL). Although much of the content is self-explanatory, these tips will help clarify some aspects of the process.

MyBenefits offers additional convenience to employees when applying for PFL. Once you complete the initial submission of information, the MyBenefits portal will provide you a claim number. The MyBenefits portal allows you to upload supporting documentation instead of faxing, emailing, or mailing through standard mail. Additionally, you can check on the status of your claim once it has been submitted.

If you experience technical difficulties contact MetLife at 1-866-363-8669.

Tips:

<p>When going to www.metlife.com/mybenefits, enter “State of New York” as employer. This will occur at the main MyBenefits webpage.</p>	
<p>If an account has not already been established, you will need to register. New users will have the option to view a tutorial about MyBenefits upon registering.</p>	
<p>New Claims can be initiated under “My Accounts” and by selecting “File a Claim” from the dropdown menu.</p>	

Step 1, Work History will ask you for your last day of work. If you are prefilling, enter your anticipated last day of work. You will also need to select New York as your Work State.

1 Work History

When and where did you Work?

Last Date of Work MM/DD/15

Select the date you last worked

Work State

[Cancel](#) **NEXT**

Step 2, you will need to identify the reason for your absence; in this case you will select the Paid Family Leave option.

2 Reason for your Absence

What is the reason for your Absence/Claim? (Select any one?)

Others

New York Paid Family leave - Based on your absence request for NY Paid Family Leave, please be advised that if MetLife administers any other leave types for your employer, we will create those leave types automatically for you.

Long Term Disability

Short Term Disability

[CANCEL](#) **NEXT**

Step 3 will have ICD 10 diagnosis codes auto-filled, however the employee’s claim will be reviewed based upon the diagnosis code noted by the physician on supporting documentation. You can select “Next”.

3 ICD Diagnosis Codes

ICD CODE ?

Primary icd 10 search (Preferred)

Diagnosis Code - ICD

SEARCH

Comorbid Code ?

Icd comorbid search

Comorbid Code - ICD

SEARCH

[Cancel](#) **NEXT**

Step 4, you will enter your personal information including name, address, email address, phone number, date of birth, etc.

4 About you

Personal Details

Employee first name (Required)

Enter first name (use all CAPS)

Employee middle initial

Employee last name (Required)

Enter last name (use all CAPS)

Home address line 1 (Required)

Step 5, you will provide details regarding your PFL absence, such as type of leave, estimated first date of PFL, and whether PFL will be continuous or intermittent.

5 About Your Absence

Absence Details

Reason for pfl absence (Preferred)

Absence reason

Estimated pfl start date (Preferred)

Date - MM/DD/YYYY MM/DD/15

Estimated pfl end date (Preferred)

Date - MM/DD/YYYY MM/DD/15

Step 6, you will enter financial information and be allowed to enter information for Electronic Fund Transfers (EFT) and receive funds through direct deposit.

6 About your Finances

Tax Status and Rates

Tax marital status

Tax marital status

Tax number of exemptions

Exemptions

Bank Account and Payee Information

Eft?

EFT?

EFT?

YES

NO

Step 7, You will enter information regarding your employment such as salary and work schedule.

7 About Your Employment

Tell us about your job

Actual job title (Preferred)

Job duties (Preferred)

Job class search (Preferred)

Job Class Search **SEARCH**

Salary

\$41.59

Important: Health Benefits Administrator information should be entered in place of Employer contact information when requested for the Employer phone number, fax number, and email address fields in the application. All other fields pertaining to your employer should be for your worksite location. Providing this separate information is especially important for employees who utilize the Business Service Center (BSC) for health benefits and time and attendance.

Employer phone number (Preferred)

Phone

Employer fax number? (Preferred)

Fax

Employer email address? (Preferred)

Email

Step 8, you will be asked to review the information you entered before submitting the claim.

8 Review and Submit

If your claim's detail are right, [Sign at the bottom of the page](#) and SUBMIT. Or choose UPDATE to make changes.

Work History [Update](#)

When and where did you Work?

Last Date of Work 12/03/2020

Work State New York

Upon submitting your claim, you will receive a claim number. Once you have a claim number you can upload the supporting PFL forms. This can be done by going to Claim Center and selecting your PFL claim number. Once the claim has been selected, you can upload document by selecting “add a comment or document”.

MY ACCOUNTS CLAIM CENTER DOCUMENTS & FORMS

i You can [add a comment or document](#) to your claim.