

# Quick Reference Guide

Navigating service resources for employers

Our dedicated teams deliver expert support to you and your employees, whenever you need it.



## Eligibility

**Eligibility Updates - Information is for non-file feed groups only**

**Email:**

[metenrollment@metlifeservice.com](mailto:metenrollment@metlifeservice.com) (less than 250 updates and will take 24 hours)

[metenrollment48@metlifeservice.com](mailto:metenrollment48@metlifeservice.com) (more than 250 updates and will take 48 hours)

**Fax:** 1-859-389-6505

*A full census is only needed during implementation. During renewal, please only send a change file. For faster service, send changes via email or fax. Adds/terms/updates are also self-service through MetLink.*

## Dental

**PPO Claims**

**Employee Phone:** 1-800-438-6388

**Employer Phone:** 1-888-466-8673

**Fax:** 1-859-389-6505

**Mail:** PO Box 981282, El Paso, TX 79998-1282

## File Feeds

Please let your Client Service Consultant know if you are planning to send an electronic file feed – they will work with you and a MetLife File Feed analyst to schedule testing.

For questions or errors on existing files, please reach out to [uisservicedesk@metlife.com](mailto:uisservicedesk@metlife.com) and/or engage your CSC to assist.

## Life

**Statement of Health (SOH)**

**Phone:** 1-800-438-6388; **Fax:** 1-888-505-7446

**General Question Email:** [eoi@metlife.com](mailto:eoi@metlife.com)

**Life Claims**

**Phone:** 1-800-438-6388; **Fax:** 1-570-558-8645

**Email:** [LifeClaimSubmit@metlife.com](mailto:LifeClaimSubmit@metlife.com) (password protected emails only)

**Conversion**

**Phone:** 1-877-275-6387

**Portability**

**Phone:** 1-888-252-3607

**Fax:** 866-545-7517

## Vision

**Vision Claims**

**Phone:** 1-800-438-6388

**Mail:** MetLife Vision Claims: PO Box 385018, Birmingham, AL 35238-5018

## Disability

**Disability Claims**

**Phone:** 1-800-438-6388 – for quicker service, have your claim number ready when you call

**Fax:** 1-800-230-9531

**Mail:** PO Box 14590, Lexington, KY 40511-4590

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## Online Access

### MyBenefits (for Employees)

**Online:**

<https://online.metlife.com/edge/web/public/benefits/signOut>

### MetLink (for Employers)

**Online:** [www.metlink.com](http://www.metlink.com)

### Technical Support

**Hours:** Monday through Friday, 9 a.m. to 8 p.m. Eastern time

**Phone:** 1-877-963-8932

### Forms Database for HR Administrators

[www.metlifeadminmanual.com/am1](http://www.metlifeadminmanual.com/am1)

*Request a demo from your Client Service Consultant to access all the benefits of MetLink.*

## Payment Remittance

Payment can be made by wire or paper check. Please contact your CSC for instructions based on chosen method.

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## General Contact Information

MetLife is committed to providing an exceptional service experience. If you don't rate us a 9 or 10 during our annual survey, we're not living up to our commitment. We've listed several contacts to make your job easier and ensure we're there when you need us.

General questions – All products: 1-800-GET-MET8 (1-800-438-6388)

### Client Service Consultant (CSC)

The CSC is the day-to-day employer service lead. They assist with service needs, general process questions, problem-solving, reporting, eligibility and billing issues.

**Name:**

**Office:**

**Email:**

### Account Manager (AM)

The AM is accountable for the end-to-end service experience. They provide consultation on plan and product offerings and renewal planning. They also assist in coordinating benefit fairs and enrollment meetings.

**Name:**

**Office:**

**Cell:**

**Email:**

### Account Executive (AE)

The AE serves as a new business and renewal contact. They assist both client and broker in identifying business needs by supporting employer level activities such as renewal presentations and product recommendations.

**Name:**

**Office:**

**Cell:**

**Email:**

### Service Manager

Escalated service concerns unresolved through the CSC and/or AM.

**Name:**

**Office:**

**Cell:**

**Email:**

### Director, Service and Operations

**Name:**

**Office:**

**Cell:**

**Email:**

### National Sales Director, Specialty Market

**Name:**

**Office:**

**Cell:**

**Email:**

