

MarketAxess disability claims and Family Medical Leave process overview

If you need to file a short term disability (STD) claim (employee's own medical leave) or a Family Medical Leave (FML), contact the MetLife Leave of Absence Reporting Line at 1-833-622-0135.



Claim intake and data gathering

- Inform your supervisor/manger of your leave of absence request
- Notify MetLife within 7 days of the first day of absence to initiate your STD claim* — you will be given a claim number at the end of the call. You may call or initiate your claim through the MyBenefits website at www.metlife.com/mybenefits.
- MetLife may contact you for additional details about you, your job, your condition and your treatment plan and provider.
- MetLife will then mail an Acknowledgement Package to you with important information that requires action.

* If your absence qualifies under the federal Family and Medical Leave Act (FMLA), an FML absence will be filed on your behalf when you file a disability claim with MetLife. To consider your leave, MetLife will review medical documentation obtained as part of the disability claims process.



Initial review and decision

- You will be notified of the initial decision via phone and letter.
- You can check the status of your claim and/or leave by visiting www.metlife.com/mybenefits.
- MetLife will keep you informed on the status of your claim and will notify you of additional information that is needed.
- MetLife will discuss your Return to Work options with you and help determine an expected return to work date.



Ongoing evaluation

- MetLife will periodically contact you and your health care provider(s) to evaluate your status, treatment plan and functional abilities.
- MetLife will contact you by phone and send a letter to inform you of changes in claim status, such as an extension or closure.
- If you continue to remain disabled after 6 weeks of STD, you may be eligible for long term disability (LTD) benefits. Should this occur, MetLife will automatically refer your STD claim for an LTD claim review.
- You will be contacted to discuss your claim and if you are expected to remain disabled, the appropriate information and forms will be mailed to you to initiate your LTD claim**; if applicable, LTD forms will be mailed after approximately 6 weeks of STD.
- MarketAxess Employee Assistance Program is available if needed during your time of disability. The number is 1-888-881-5462.

** If you have an existing LTD claim, you will be asked to provide ongoing proof of disability on at least an annual basis, if not more often depending on claim circumstances. Ongoing claim management may be completed more frequently should claim circumstances change. This means that MetLife will periodically request that you provide updated medical information from your health care provider(s) and other information for ongoing medical management and vocational assessment.



Return to work

- You may be required to participate in a rehabilitation/Return to Work Program. You may be contacted by your claims specialist, a nurse clinician and/or a vocational rehabilitation consultant to discuss your return to work options, when appropriate.
- Before you return to work, MarketAxess may require that your health care provider complete a return to work note or Release to Work form.
- If required you may return a copy of the form to your supervisor and MetLife. The form can be sent to MetLife by fax to 1-800-230-9531, uploaded to www.metlife.com/mybenefits or emailed to oriskanymetlife@metlife.com.
 - If there are no restrictions on your return to work, contact your supervisor/manager and confirm the date you will return, per the date indicated on your form.
 - If there are restrictions provided on the Return to Work form, MetLife will confirm whether MarketAxess can accommodate those restrictions. Your supervisor or HR business partner will contact you regarding return to work status.



If your claim is denied

- MetLife will contact you by phone and send a letter to explain why your claim was denied and provide information about how you may file an appeal. MetLife will also notify MarketAxess of your claim denial.
- Your appeal must be received by MetLife within 30 days from the date of your decision letter and sent to:

MetLife Disability
P.O. Box 14592
Lexington, KY 40512-4592

Fax: 1-844-380-0569 or
Email: DisabilityAppeals@metlife.com

- MetLife will send you a letter to let you know when your appeal request was received and when to expect an appeal decision.
- It is possible that FMLA may still be approved, even if STD is denied, or that your leave of absence may be covered under another MarketAxess policy. If so, your case specialist will advise you of this.

For more information on this process, contact your supervisor/manager.

Frequently Asked Questions

What is disability benefits coverage?

The purpose of disability benefits is to provide income protection for eligible employees during pregnancy or periods of extended, serious illness or injury.

Regardless of the number of periods of disability and whether the cause of the disabilities are related, an employee will receive a maximum of 12 weeks of STD benefit payments. Disabilities that last longer than 12 weeks may qualify for long term disability (LTD).

When do disability benefits begin?

If an absence from work is due to an accident and the claim for short term disability is approved, disability benefits begin on the 8th day of the approved absence. Short term disability will also begin on the 8th day of an approved absence if the accidental injury renders an employee unable to earn more than 80% of their predisability earnings at their own occupation.

If an absence from work is due to pregnancy or a serious illness, and the claim for short term disability is approved, disability benefits begin once an employee has been out of work for 7 days.

Who decides whether a disability qualifies for benefits?

Your claim is insured by Metropolitan Life Insurance Company (MetLife) on behalf of MarketAxess, with the final authority being with MetLife.

What is the time frame to submit my information for STD benefits?

A claim for STD benefits must be submitted to MetLife within 7 days of the first date of absence due to disability. If the application for STD benefits is not received within 7 days of the first date of absence due to disability, the application may be delayed or denied. This time requirement also applies to Family Medical Leave and accidents or absences.

Can I report an absence in advance (ex. scheduled surgery)?

Yes, an absence can be reported in advance. The medical documentation can be on file; HOWEVER, the claim will not be approved until the actual absence. This means that your claim will be in a PENDING status until the reported event or absence has occurred. Shortly after the scheduled absence date, you/your physician will be contacted by MetLife to confirm the absence.

How does long term disability last?

If an employee remains disabled following 12 weeks of STD benefits, he/she may be eligible for LTD benefits. Should this occur, MetLife will automatically refer the STD claim for an LTD claim review. You will be contacted by MetLife, and if you are expected to remain disabled, the appropriate information and forms will be mailed to initiate a claim.

If an LTD claim is approved, MetLife will periodically request updated information from the health care provider(s) and other information for ongoing medical management and vocational assessment.

How can I provide information to MetLife?

There are several ways for you to forward information. For all communications to MetLife, you must include your name and associated claim number(s). Documents can be provided to MetLife via:

- MetLife's secure web portal at: www.metlife.com/mybenefits
- Fax to: 1-800-230-9531
- Email to: oriskanymetlife@metlife.com

Who can I contact for assistance?

MetLife – Customer Response Center –
1-800-GET-MET8