



NH Paid Family and Medical Leave Claims and Appeal Process

We make it easier for you...

Administration of paid family and medical leave insurance can be challenging. MetLife makes it easier for you with our expertise in claim and absence management, our experienced professionals and our exceptional service. We'll guide you and your workers through the claims process so that you can keep your focus on your business.

Submission and Initial Evaluation	Initial Decision	Ongoing Service and Follow Up	Claim and Leave Resolution
0-60 calendar days prior to leave	Within 5 calendar days of receiving all materials	Benefit payments within 9 calendar days of decis	ion
 Worker submits a claim online or by phone, fax or US mail Within 5 days of receiving the claim: We send the worker an acknowledgment package with certifications and required forms, as needed We send an email to the employer requesting information required to support the claim Within 5 days of receipt of employer information, we review the claim facts including available time and applicable regulations to determine whether the worker is eligible We provide notice to the worker that the claim is under review Within 10 days of requesting information, if we do not receive all information, we will reach out to the worker by phone and writing detailing the missing information and deadlines	 We review the leave documents including certifications based on the leave reasons, such as: Healthcare provider statement Birth certificates Military orders We communicate the claim decision to the worker by phone and follow up by email or US mail, based on permission and preference We notify the employer of all decisions Our claims representatives will then: Develop action plans for ongoing claim management Create a timeline with leave duration and expected return to work date Review intermittent or reduced leave schedule, if applicable Coordinate with other employer sponsored benefits, as appropriate Review next steps with the worker 	 Benefits can be received via check or electronic fund transfer Benefits are disbursed weekly We update the action plan as appropriate to support continuous, intermittent, or reduced-schedule leaves We obtain updated medical or relevant information, as needed We communicate all claim and leave decisions by phone, mail and online We coordinate NH PFML with any employer sponsored benefits, as appropriate We communicate to the worker and the employer the number of payable weeks remaining when making each benefit payment 	 We help coordinate NH PFML with return-to-work accommodations, where appropriate If benefits are overpaid, we advise by phone and letter to coordinate repayment We advise by phone and letter when the claim is closed, resolved, exhausted or if other benefits apply

We make it easier for you...

If a NH PFML claim is denied, we will guide you and your workers through the appeal process so that you can keep your focus on your business.

Initiate Appeal	Reconsideration	inal Determination
10 calendar days	With	hin 30 calendar days of receiving all materials
 MetLife will call and send a letter to explain why the claim was denied Included with the decision letter will be a written explanation of the worker's right to appeal the claim decision and the appeal submission process Workers will have 10 days from the receipt of the denial letter to appeal, unless circumstances beyond the worker's control prevented timely filing 	 MetLife will send a letter confirming the appeal request was received and when to expect an appeal decision An appeals specialist will review the appeal details along with any new information provided 	 MetLife will call and send a letter with the final appeal decision MetLife will notify the worker if MetLife needs more time to review the appeal If the decision is reversed, the claim will transition to a claim specialist to pay benefits, including the payment of retroactive benefits, as appropriate If the claim is from an employer sponsored plan, the employer will be

notified of the appeal decision