MetLink User Authorization - BROKER

Metropolitan Life Insurance Company

Things to Know Before You Begin

- The Customer must be HIPAA certified in order to allow any users to review dental claims.
- Only 2 MetLink user requests per form.
- **If you are locked out of your existing MetLink User ID call Technical Support at 1-877-9METWEB** *(877-963-8932)*.
- Customer MUST sign this form in order for you to again MetLink access.

(!) All fields are **mandatory**.

SECTION 1: General Information

Customer Name

_____

Group Number

_____

(i) If cloning an existing Broker MetLink ID, only list the customer names/numbers *(customer signatures are not required).*

MetLink User Details #1

☐ New Broker User Request   ☐ Update existing MetLink User MetLink ID _____

☐ Reactivate Existing MetLink User ID _____

☐ Clone *(Duplicate)* Existing MetLink User to new MetLink User

Existing Broker User Name	Existing ID

Broker - Name of Brokerage

_____

Address	City	State	ZIP

MetLink User

First Name	Last Name

Email Address	Business Phone

MetLink User Details #2

☐ New Broker User Request   ☐ Update existing MetLink User MetLink ID _____

☐ Reactivate Existing MetLink User ID _____

Broker - Name of Brokerage

_____

Address	City	State	ZIP

MetLink User

First Name	Last Name

Email Address	Business Phone

MetLink Feature/Function for Each User

Features	Functions	Notes
Enrollment and Eligibility	View & Update	*Notate in comment field if update access should not be assigned to user.*
Resources	View Only	User Guide and Legislative Releases Sections.
Dental Claim Inquiry *	View Only	View Dental Claims.
Online List Billing	View Only	List bill customers only.
STD/LTD Disability Claim	View & Update	Inquiry and Online Filing *(Intake). Notate in comment field if update access should not be assigned to user.*
Statement of Health (SOH)	View Only	SOH Underwriting Amounts will be displayed, indicate in comments section **if these amounts should NOT display.**
Disability Reports	View & Update	Advice to Pay (ATP) reports for disability customers

Comments Section *(Indicate exceptions or comments)*

_____

_____

_____

_____

SECTION 2: Authorization Details *(The customer must authorize access, not the broker or other third party)*

Authorized Customer Representative *(only required for NEW Broker User Request)*

First Name _____ | Last Name _____

Email _____ | Phone Number _____ | Title _____

Sign Here | Signature _____ | Date *(mm/dd/yyyy)* _____

Note: I understand that my company must comply with all HIPAA requirements as well as become certified with the MetLife Family of Companies*in order to obtain access to the Dental Claim Inquiry feature.

SECTION 3: How to Submit This Form

Mail:
MetLife
Attn: Administration
P.O. Box 14593
Lexington, KY 40512-4593

Fax:
1-888-505-7446