

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 regain MetLink access.



All fields are **mandatory**.

SECTION 1: General Information

Customer Name _____

Group Number _____



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	<i>Notate in comment field if update access should not be assigned to user.</i>
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 (<i>Intake</i>). <i>Notate in comment field if update access should not be assigned to user.</i>
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 (<i>only required for NEW Broker User Request</i>)			
First Name		Last Name	
Email		Phone Number	Title
Sign Here	Signature		Date (<i>mm/dd/yyyy</i>)

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

*Dental HMO plans in CA, FL and TX are available through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies.

MetLink shall only be used by authorized MetLife group customers, and their authorized Employees and/or Agent. The use of MetLink must be in accordance with the terms and conditions of the applicable MetLink notices, applications, authorizations and/or agreements and in compliance with all applicable laws. Users shall maintain in strictest confidence and not improperly use or disclose any private, personal or other confidential information of any person obtained through MetLink. Such information will be accessed only for the purposes of administration of benefits plan/program, policyholder service functions, reporting functions, auditing functions, to assist in the administration of a customer dispute or inquiry and any other insurance or benefit function authorized by MetLife.