

## **MetLink User Authorization - Customer**

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).

U	All fields are mandatory.

SECTION 1: General II Customer Name	nformation				
Group Number					
MetLink User Details #1					
☐ New MetLink User Requ	ost 🗆 Undato ov	victing M	attink Hear Mattink II	<b>1</b>	
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Reactivate Existing MetL	ink User ID			_	
First Name			Last Name		
Email Address			Business Phone		
MetLink User Details #2					
□ New MetLink User Requer	est 🗌 Update ex	kisting Me	etLink User MetLink II		
☐ Reactivate Existing MetL	ink User ID				
First Name			Last Name	_	
Email Address				Business Phone	
MetLink Feature/Function	on for Each Use	r			
Features	Features Functions				
Enrollment and Eligibility	View & Update		Notes  Notate in comment field if update access should not be assigned to user.		
Resources	View Only	User C	Releases Sections.		
Dental Claim Inquiry *	View Only	View D	Dental Claims.		
Online List Billing	View Only	List bil	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	Advice to Pay (ATP) reports for disability customers		

Comments Section (Indicate exceptions or comments)						
SECTION 2: Authorization Details	S (The customer must authorize ac	cess, not the broker or other third party				
Authorized Customer Representat	tive					
· ·						
First Name	Last Nam	ne				
First Name	Last Nan	ne				
First Name Email	Last Nam	Title				
Email		Title				

**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.

\*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.

## **SECTION 3: How to Submit This Form**

Mail: Fax:

MetLife 1-888-505-7446

Attn: Administration P.O. Box 14593

Lexington, KY 40512-4593

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.