

MetLink User Authorization

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



All fields are **mandatory** (except broker fields if not applicable)

SECTION 1: General Information

Customer Name

Group Number

User Details #1

Group User Broker

Broker- Name of Brokerage

MetLink User ID

Address

City

State

ZIP

User - First Name

Last Name

Email Address

Business Phone

User Details #2

Group User Broker

Broker- Name of Brokerage

MetLink User ID

Address

City

State

ZIP

User - First Name

Last Name

Email Address

Business Phone

Note: If more than 2 users, attach additional MetLink User Authorization forms.

The following MetLink Features and Functions will be assigned to all users unless noted in the comments section below (e.g., view only or access to one division).

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.

Features	Functions	Notes
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
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			
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.

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

Fax:
 1-888-505-7446

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.