METRO-NORTH RAILROAD

METLIFE SHORT-TERM DISABILITY APPLICATION INSTRUCTIONS

SECTION 1 TO BE COMPLETED BY EMPLOYER: This form is for Human Resources to complete after you have completed the rest of the application and returned it to the HR Administrator.

SECTION 2 TO BE COMPLETED BY EMPLOYEE: You complete section 2.

SECTION 3 TO BE COMPLETED BY ATTENDING PHYSICIAN: Your Doctor completes this section.

PAGE 3: Read and complete the HIPAA Authorization.

PAGES 4 & 5: Read and sign the *Fraud Warning.* Also have your Doctor read and sign this.

The Short-Term Disability (STD) forms should be completed and submitted to Human Resources. These forms should be sent to:

Metro-North Railroad
HR Administrator
420 Lexington Avenue – 12th Floor
New York, NY 10017
Or
FAX: 212-340-2045

If you have any questions or concerns, please feel free to contact Human Resources: Helen Moldonado at *212-340-3238* or Christina Jolly at *212-340-4913.*

HR-BEN-068

BSC ID

DISABILITY CLAIM FOR ACCIDENT & SICKNESS (A&S)/ SHORT TERM DISABILITY (STD)/SALARY CONTINUANCE

MetLife®

Metropolitan Life Insurance Company
P.O. Box 14590
Lexington, KY 40511

Fax: 1-800-230-9531

Instructions for completing the claim form:
1. Complete all applicable areas of the claim form. Please print clearly.
2. Please sign – a) bottom of this page and b) Fraud Statement.
3. Faxing this claim form will expedite receipt and eliminate your need to mail it.

Section 1: To Be Completed by the Employer

Name of Employer	Group Report #	Sub-Code # (Sub-Division)	Sub-Point # (Branch)

Address	City	State	Zip Code	Subsidiary or Division Name

Contact Person's Name	Phone #
Contact Person's E-mail Address	FAX #

Employee Name (First, MI, Last)	Social Security No.	Employee ID #

Date of Hire	Job Title	Job Class
		☐Sedentary ☐Light ☐Medium ☐Heavy ☐Very Heavy

Work Location Address	Work Phone #	Home Phone #

Supervisor Name	Supervisor's E-Mail Address	Phone #

Is condition work related? ☐Yes ☐No. If yes, provide: W/C Carrier Name_____

W/C Contact Person's Name_____ Phone#_____ Worker's Comp Claim #_____

Date Last Worked	First Date of Absence	Date Returned To Work ☐Actual ☐Estimated	Eff. Date of Coverage	Basic Earnings (exclusive of overtime, bonus, etc.) $_____ ☐Hourly ☐Weekly ☐Bi-weekly ☐Monthly ☐Annual

Premium contributions ☐Pre-Tax ☐Post-Tax
Employer_____% Employee _____%

Benefit Amount

Payroll Classification ☐Exempt ☐Non-Exempt ☐Salaried ☐Hourly ☐Union ☐Non Union ☐Other_____

Employee's Status As Of First Day Absent ☐Active ☐Vacation ☐LOA ☐Laid Off ☐Terminated ☐Retired

Hours Worked Per Week_____ ☐Full Time ☐Part Time

Scheduled Work Week ☐M ☐Tu ☐W ☐Th ☐F ☐Sa ☐Su Is work week regular_____ or variable_____

If other than Active, please explain

If STD buy up, date enrollment card signed

LTD Coverage? ☐Yes ☐No

Can employee's job be modified/accommodated? ☐Yes ☐No If yes, please describe.

Has return to work been discussed with employee? ☐Yes ☐No

To the best of your knowledge, indicate if the employee has filed for or is receiving income from any of the following sources:

	Applied for	Receiving	$ Amount	Frequency	From/To Dates
Salary Continuance /Sick Leave	☐	☐			
Workers' Compensation	☐	☐			
State Disability	☐	☐			
Other (Please identify)_____	☐	☐			

Provide weekly deduction amounts, if applicable:

	Pre Tax	Post Tax	$ Weekly Amount
Medical	☐	☐	
Life	☐	☐	
Dental	☐	☐	
LTD	☐	☐	
Other (Please identify)_____	☐	☐	

Authorizing Signature	Date

Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim with materially false information or conceals for the purpose of misleading, information concerning any fact material there to may be guilty of committing a fraudulent insurance act. Please see below for special notice required by state law.

Alaska – A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona – For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Maryland, Rhode Island, West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California – For your protection California law requires the following to appear of this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of life insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with respect to a settlement or award from insurance proceeds, shall be reported to the Colorado divisions of insurance within the department of regulatory agencies to the extent required by applicable law.

Delaware – Any person who knowingly and with the intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho – Any person who knowingly and with the intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana – A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky – Any person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material there to commits a fraudulent insurance act, which is a crime.

Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire – A person who with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey – Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

Fraud Warning (continued):

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio – A person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Oklahoma – WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Oregon – A person who knowingly and with intent to defraud an insurance company, files a claim containing false, incomplete or misleading information material to such claim, may be guilty of insurance fraud.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning a fact material there to commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico – Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars ($5,000), not to exceed ten thousands dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas – Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Name of Employee (Please Print):_____ Social Security Number:_____

Signature of Employee_____ Date:_____

Signature of Employer's Representative_____ Date:_____

Signature of Physician_____ Date:_____