MetLife Statement of Health (SOH) Portal Instructions

MetLife

Navigating life together

Table of Contents

Introduction to the Portal 3
MetLink Overview 4
Statement of Health User Guide 4
MetLink Dashboard 5
Other Dashboard Features 6
Important Browser Settings 6
EMPLOYER Experience 7
Statement of Health Portal 7
How to Invite Applicants 8
Unsuccessful Uploads 10
Successful File Uploads 10
After the Invitation has Processed 11
Statement of Health Decision Status 12
Filtering the Processed Tab 12
Export the Processed Tab via Excel 14
EMPLOYEE Experience 15
Employee Consent 15
General Information 16
Health Questions 17
Response Summary Review 17
Legal Disclosures and E-Signature 18
Post-Submission Confirmation 19
EMPLOYEE AND DEPENDENT(S) Experience 20
Employee Consent 20
DEPENDENT Only Experience 22
Dependent Consent 24
General Information 25
Health Questions 26
Response Summary Review 26
Legal Disclosures and E-Signature 27
Post-Submission Confirmation 28
Appendix: Data field instructions 29
Data Field Instructions (continued) 31

Introduction to the Portal

Important information: Before you begin

Please follow the steps below on how to provide information into the MetLife Statement of Health (SOH)

Portal for applicants who need an SOH. Please use the latest Chrome, Safari, Firefox, or Edge browser.

Internet Explorer is not supported.

- Only applicants who reside in a US state, the District of Columbia, or Guam, Northern Mariana Islands, Puerto Rico or US Virgin Islands are allowed to complete their SOH application online. Otherwise, applicants will be provided with a paper SOH application. Note: Individuals residing outside of the US or in a US territory that is not listed above must be on US payroll and be approved by MetLife before being provided with an SOH application. *Whole Life is not available to residents of Guam, Northern Mariana Islands and US Virgin Islands

- If you need assistance determining which applicants meet SOH requirements, refer to the Medical Evidence of Insurability (MEOI) specifics in your plan document or consult with your MetLife representative. Our general MEOI Guidelines in the Instructions tab can also help you.

- If unsure of product selection, please confirm with your MetLife Representative which products your group has been configured to allow.

- To avoid all applicant emails going to spam customers may work with their IT team to whitelist the email domains:
  Email domain: info-online@metnotices.com, accessmanagement@metlife.com

- The applicant will receive the initial email invitation and 3 email reminders on days 2, 5 and 10 to access their online SOH application. 5 text reminders are also sent on day 2, 5, 10, 30, and 53 if the applicant opted in and is pending Statement of Health. If the applicant submits the SOH application, the reminders will stop.

- After the SOH application is submitted, MetLife will review the application and make a decision. Some decisions are in real time and others may need additional review. If your company has access to MetLink (www.metlink.com), please use the SOH portal for decision status. In addition, MetLife may send a weekly EOI Decision report that includes approvals, declinations, and pending with the underwritten amounts, reflecting SOH activity for the previous 7 days. If you have questions about decision reporting, please consult with your MetLife representative

- Applicants will receive a decision via mail within 7-10 business days after the SOH application is submitted. They can also click on their link from their email or text message to check the status of their application at any time. The response will either state the final determination regarding the requested insurance coverage or request additional information.

- Ensure coverage is communicated as being effective in accordance with plan terms and only after SOH approval has been confirmed by MetLife.

MetLink Overview

MetLink is a secure portal, available on both web and mobile platforms, offering a variety of benefit administration capabilities supporting the many products and services available through MetLife.

The MetLife Statement of Health module is accessible 24/7, enabling easy access to information needed to support benefit administration functions.

Statement of Health User Guide

The User Guide will help users navigate the Statement of Health capabilities and features available online. The features covered in this guide include:

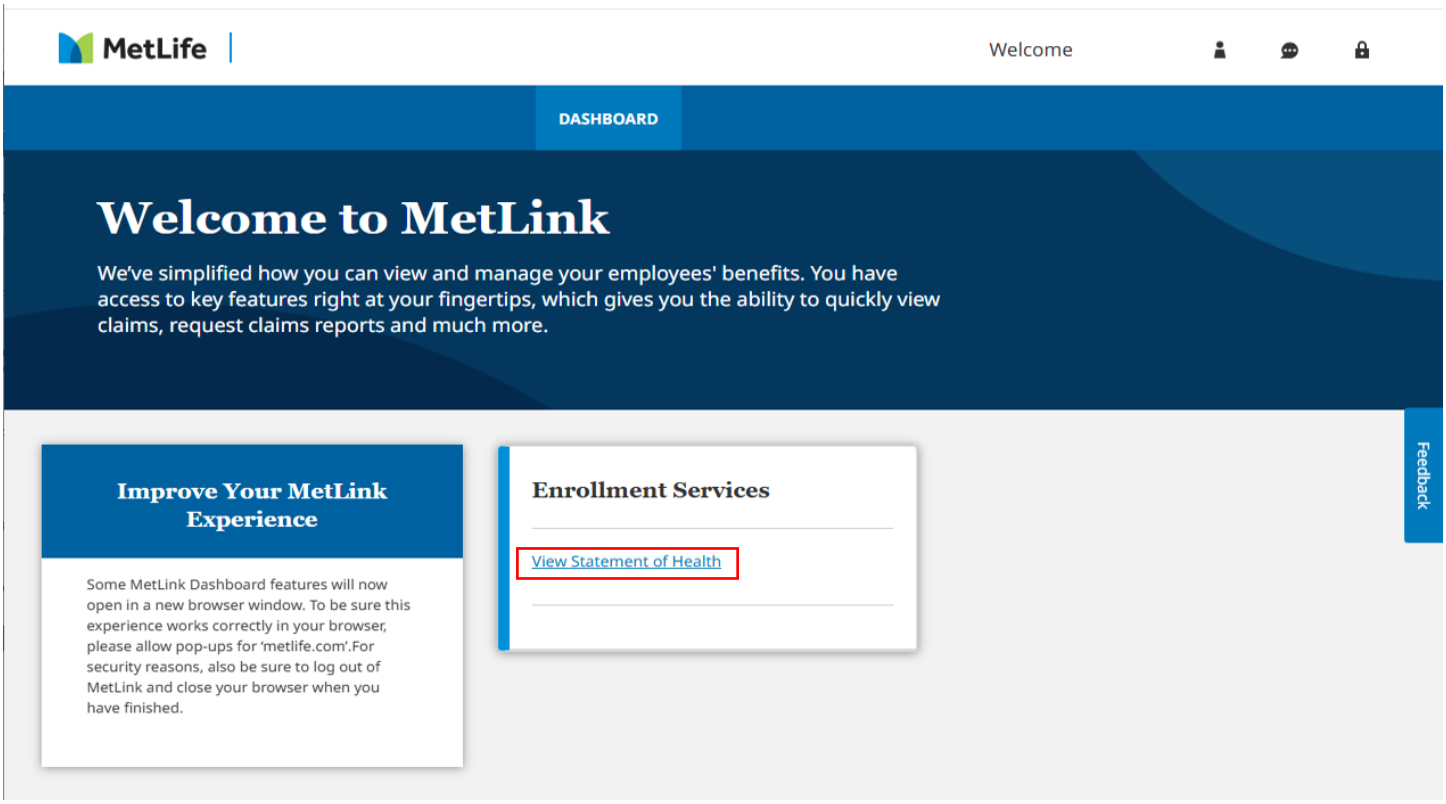
- Statement of Health Inquiry
- Statement of Health Status
- Downloading and exporting data

MetLink Dashboard

- To sign in to MetLink:
  a. Visit https://www.metlink.com
  b. Enter your Username and Password and click the ‘Login’ button.
  c. Upon logging in, the user will land on the Dashboard page. You can access your Statement of Health from the MetLink Dashboard

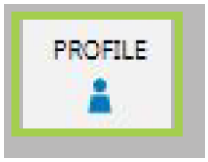
- Click on the ‘View Statement of Health’ hyperlink located under the ‘Enrollment Services’ card, and a new window will be open to the ‘Statement of Health Portal’ landing page.

Note: Based on permissions granted to the user, there may be other functions and features available from the Dashboard page.



Other Dashboard Features

Links and Features Accessible to all users at the top of the MetLink Dashboard page include:



The Profile Icon allows the user to view and update online account information, including:

- Contact information: Name, Email, Phone
- Login information: Username, Password
- Communication Preferences
- User Agreements

The Support Icon provides access to the account, product and technical help. Choose a category from the drop-down box to see helpful content related to your selection.

The Logout Icon will immediately log the user out of MetLink and return to the Log In page.

To return to the main Dashboard page from Profile or Support, choose '**Dashboard'** in the navigation menu at the top of the page.

Important Browser Settings

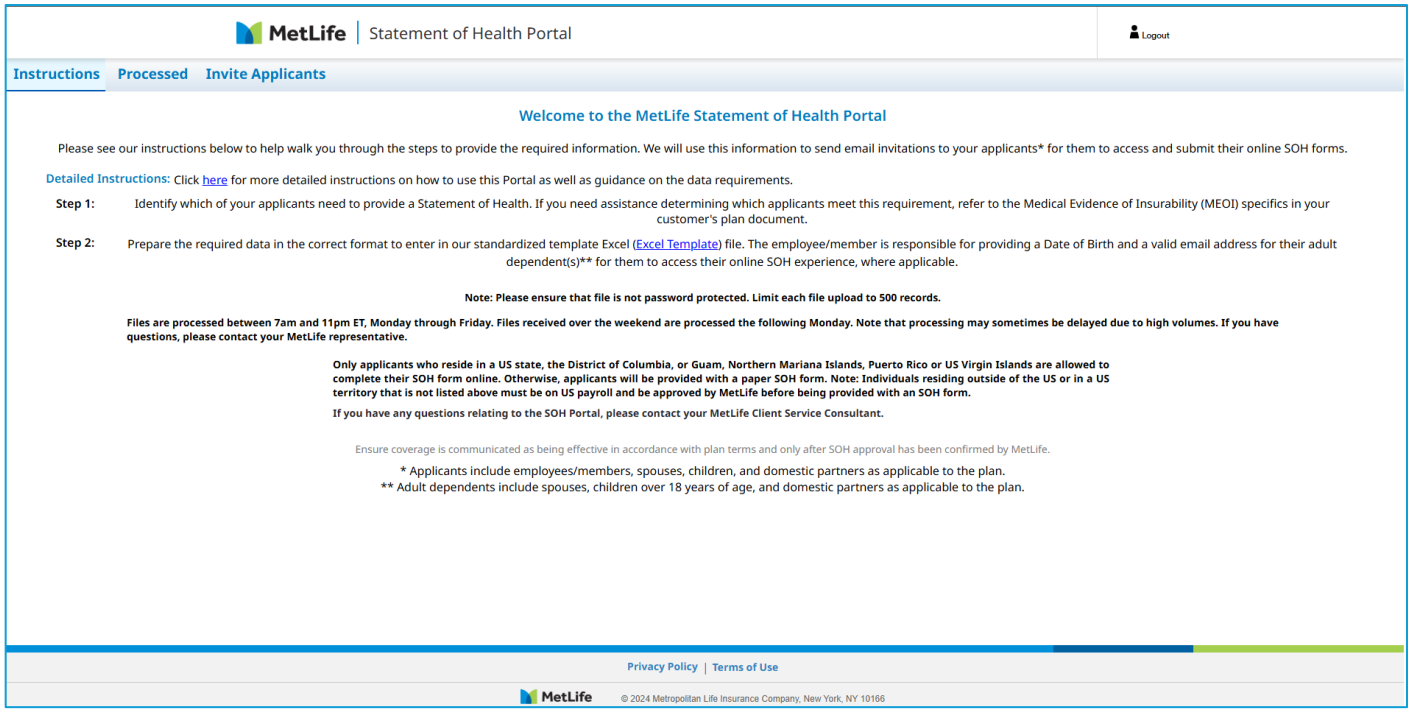
The MetLife Statement of Health Portal will open in a new browser window. To be sure this experience works correctly in your browser, please allow pop-ups for "metlife.com'' For security reasons, also be sure to log out of MetLink and close your browser when you have finished.

EMPLOYER Experience

Statement of Health Portal

Upon clicking on the ‘View Statement of Health’ link from the Metlink dashboard page, a new tab will open.

The Statement of Health Portal entry point will take the user to the Instructions tab which provides a walkthrough instruction on how to provide the required information to initiate the Statement of Health process.

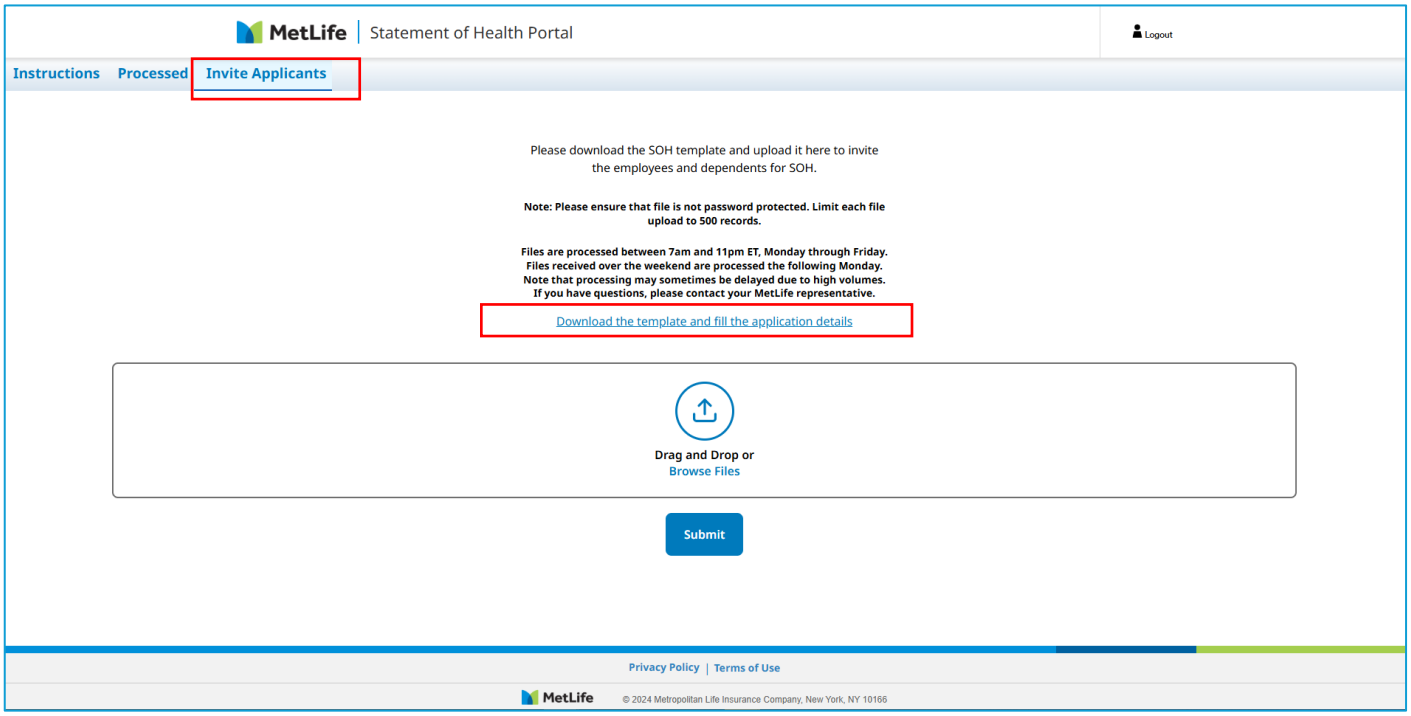


How to Invite Applicants

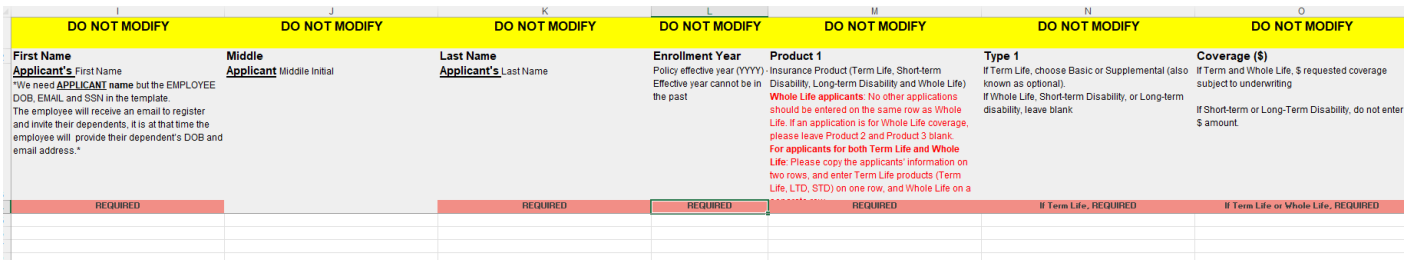
- Click on the Invite Applicants tab at the top of the page.

- Download and use the excel template using the hyperlink on your instructions or invite applicants tab. See Appendix for data field requirements.

    - The MetLife Statement of Health portal is programmed to recognize only the template provided with pre-curated dropdowns. Please do not attempt to upload data from other templates or change fields.



The screen shot below is an example of the sample excel sheet template. Please prepare the data with the same format presented.



I	J	K	L	M	N	O
DO NOT MODIFY	DO NOT MODIFY	DO NOT MODIFY	DO NOT MODIFY	DO NOT MODIFY	DO NOT MODIFY	DO NOT MODIFY
First Name **Applicant's** First Name *We need **APPLICANT** name but the EMPLOYEE DOB, EMAIL and SSN in the template. The employee will receive an email to register and invite their dependents, it is at that time the employee will provide their dependent's DOB and email address.*	**Middle** **Applicant** Middile Initial	**Last Name** **Applicant's** Last Name	**Enrollment Year** Policy effective year (YYYY) - Effective year cannot be in the past	**Product 1** Insurance Product (Term Life, Short-term Disability, Long-term Disability and Whole Life) **Whole Life applicants**: No other applications should be entered on the same row as Whole Life. If an application is for Whole Life coverage, please leave Product 2 and Product 3 blank. **For applicants for both Term Life and Whole Life**: Please copy the applicants' information on two rows, and enter Term Life products (Term Life, LTD, STD) on one row, and Whole Life on a	**Type 1** If Term Life, choose Basic or Supplemental (also known as optional). If Whole Life, Short-term Disability, or Long-term disability, leave blank	**Coverage ($)** If Term and Whole Life, $ requested coverage subject to underwriting If Short-term or Long-Term Disability, do not enter $ amount.
REQUIRED		REQUIRED	REQUIRED	REQUIRED	If Term Life, REQUIRED	If Term Life or Whole Life, REQUIRED

- Download and use the excel template using the hyperlink on your instructions or invite applicants tab. See Appendix for data field requirements.

- If the applicant has more than one product it is mandatory all products go on the same line for the individual.
    - **Note**: If an applicant should be considered for Whole Life coverage and another coverage (Term Life or Short Term or Long-Term Disability), the other coverages should be on a separate row. The applicant is required to complete a separate application specifically for Whole Life.

- Where an applicant requires an SOH application for Term Life or Whole Life coverage, please specify whether this is Basic or Supplemental/Optional. Also provide the US$ coverage amount subject to underwriting.

- Reporting Location (optional field): Populate the reporting location number ONLY if your group uses reporting location(s) for the SOH Status Change Report. Please check with your MetLife Representative if you're unsure.

- In the PID (Partner ID) column, Broker TPA Recordkeeper groups should provide their Partner ID. In the case of a group customer completing their own data entry, populate the group Customer Number in the PID column. PID could be the same as customer # depending on set up. If the PID number does not sum up to 10 digits, please add leading zeros to achieve this.

- If the customer number does not sum up to 10 digits, please add leading zeros to achieve this.

- The MetLife SOH system is only able to handle 500 records at a time. When setting up larger customers, please ensure batches are broken into 500 at a time and separated by a few minutes for each upload. Please ensure that you keep families together on the same file to ensure that they process together.

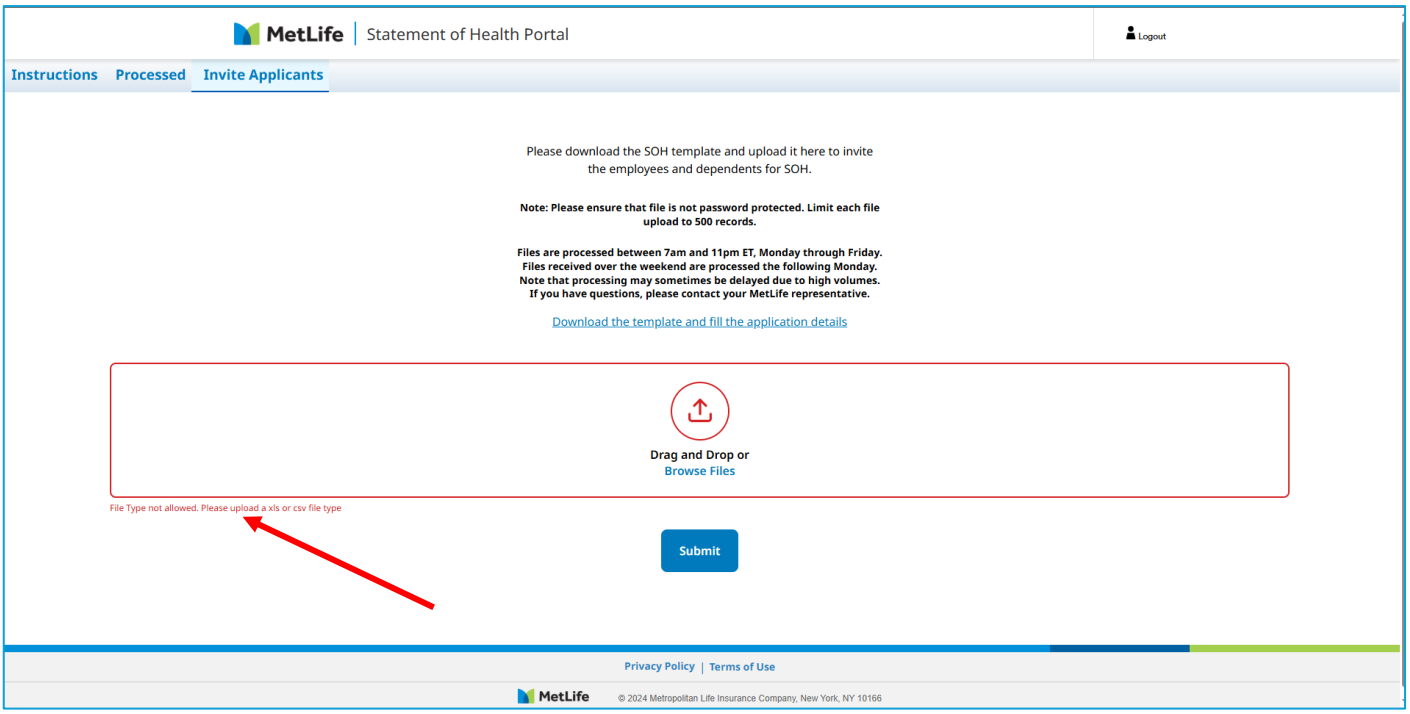
- Files are processed between 7am and 11pm ET, Monday through Friday. Files received over the weekend are processed the following Monday. Note that processing may sometimes be delayed due to high volumes.

Unsuccessful Uploads

If your file is unable to upload, you will see an error message pop-up. Reason why your file may not upload include:

- The file is password protected
- The file contains more than 500 rows
- The file is not in the correct format. (See file template)
- The file is infected with virus

See below one of the error samples.



Successful File Uploads

- The sender will receive an email confirmation, notifying them about the success or failure of the data processing. Communication may include:
    - Success Message (see screenshot below) confirming the file will be processed.
    - Error Message, which will include your file highlighting the errors made.
    - Upload Complete Message

Below is a sample email

Hello,

Why we're contacting you
Thank you for your recent submission of your Statement Of Health (SOH) template. Your SOH template has been received and reviewed, and there were errors which is preventing processing of the entire template.

What you need to know The attached template contains the errors. There are highlighted cells with errors in the following columns:

- Employee Country

What you need to do
Please review the attached template with highlighted errors. Once you correct the errors, you may resubmit the template in its entirety for processing, please return to https://www.metlink.com and from Enrollment Services card, use the View Statement of Health link to access the invite applicants tab to do so. You can find additional information about this within the user guide linked on the instructions page.

We're here to help
For any questions, please reach out to your MetLife Client Service Consultant (CSC).

Thank you for your cooperation and understanding.

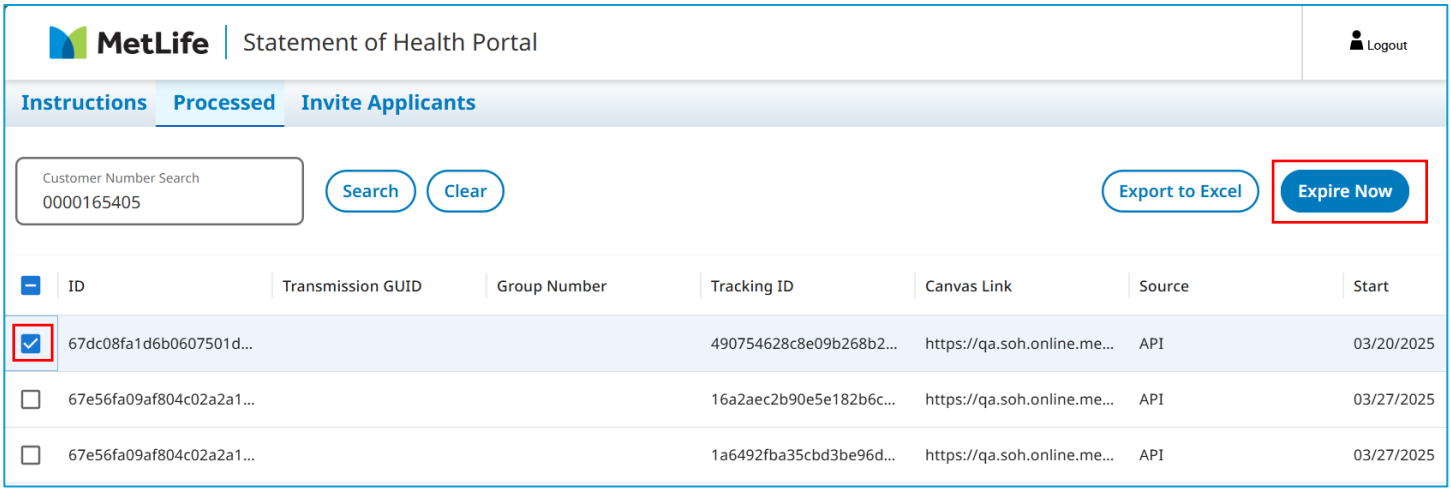
The information contained in this message may be CONFIDENTIAL and is for the intended addressee only. Any unauthorized use, dissemination of the information, or copying of this message is prohibited. If you are not the intended addressee, please notify the sender immediately and delete this message.

- Once the SOH invitations are successfully sent to the applicants, they display on the Processed tab.

After the Invitation has Processed

You can manually expire an active invitation by:

- Typing the customer number in the Customer Number Search field and click on the search button.
- Selecting the specific record (s) in the search result table by selecting the box.
- Clicking on the "Expire Now" button to expire the file.

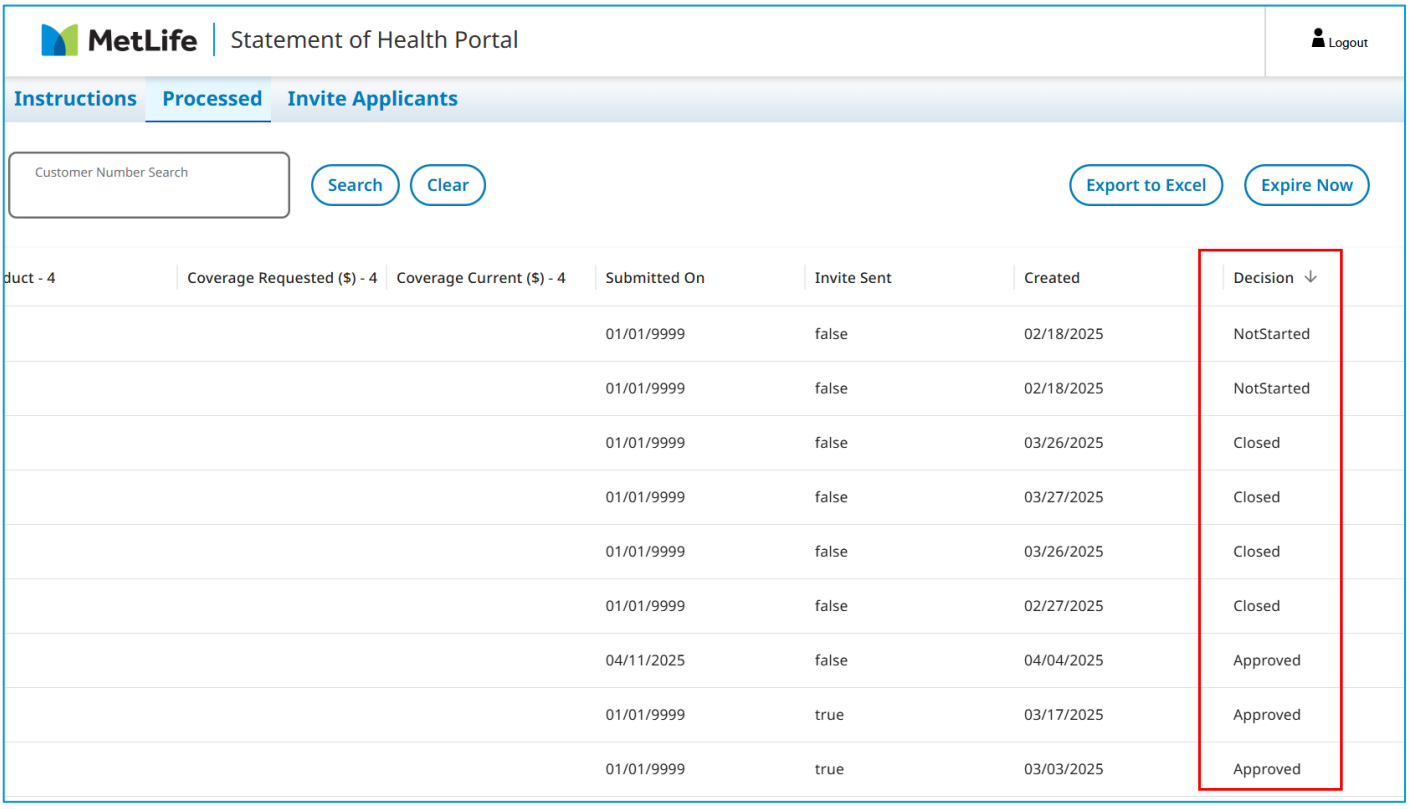


Note: You must re-send a new application if the original expires after the standard 60 days. You should not need to re-send or extend an invitation as email reminders are sent on days 2, 5 and 10. Additionally if applicants begin and pause and have opted in to text messages, they will also get 5 text reminders.

Statement of Health Decision Status

In the Processed tab, you will be able to see the status of your applicants under the “Decision” column. The 6 main status categories are:

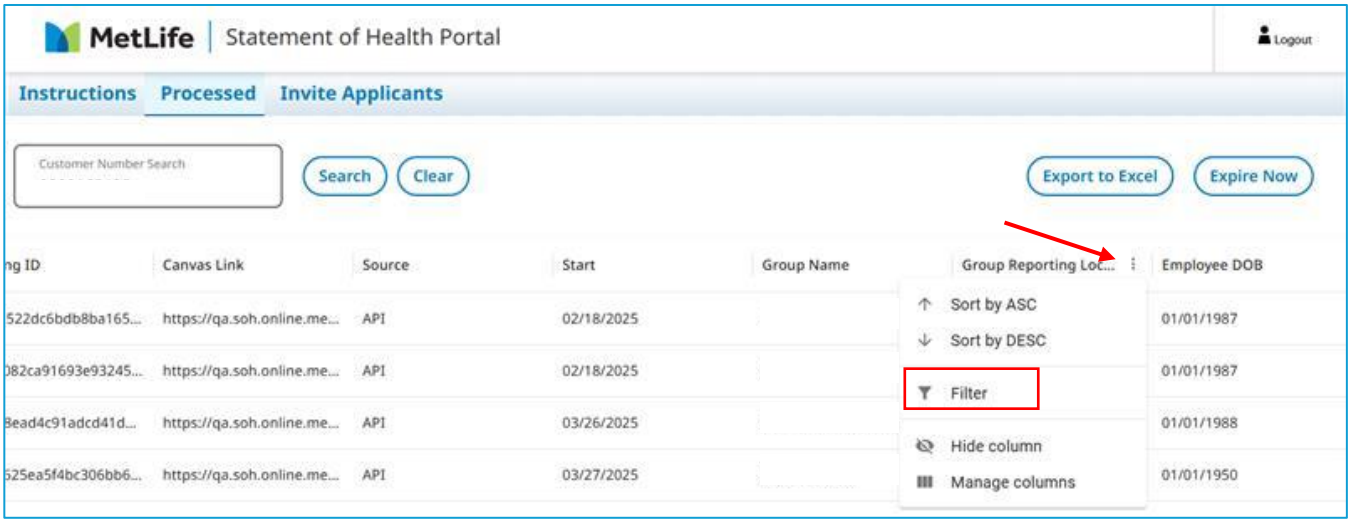
- **Not started**: Employee has not started the application
- **Not Submitted**: Employee has not submitted the application
- **Pending**: Employee has submitted the application and is awaiting underwriting status
- **Approved**: Employee application is approved
- **Declined**: Employee application has been declined
- **Closed**: No further action is required



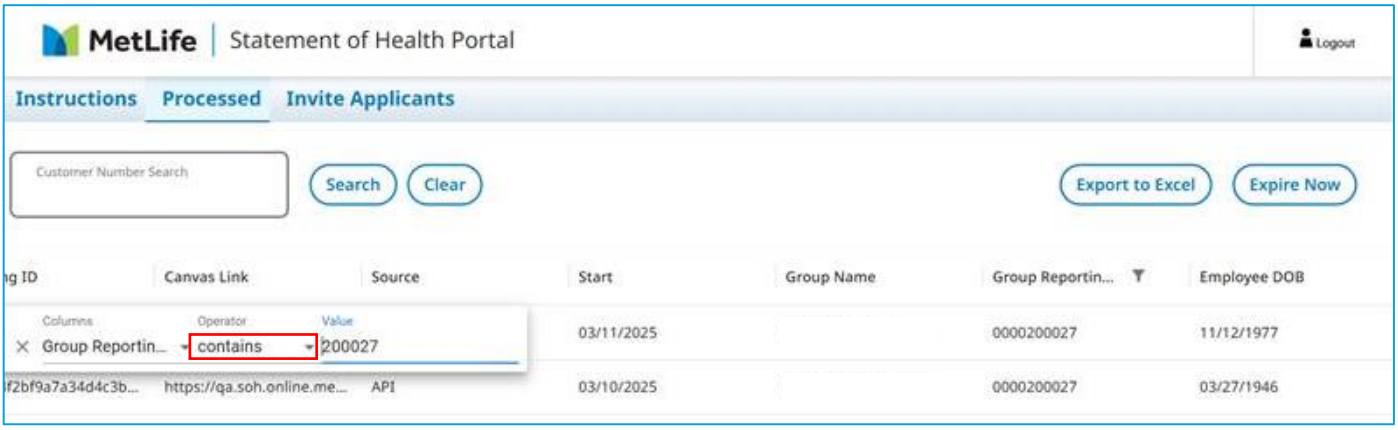
duct - 4	Coverage Requested ($) - 4	Coverage Current ($) - 4	Submitted On	Invite Sent	Created	Decision
			01/01/9999	false	02/18/2025	NotStarted
			01/01/9999	false	02/18/2025	NotStarted
			01/01/9999	false	03/26/2025	Closed
			01/01/9999	false	03/27/2025	Closed
			01/01/9999	false	03/26/2025	Closed
			01/01/9999	false	02/27/2025	Closed
			04/11/2025	false	04/04/2025	Approved
			01/01/9999	true	03/17/2025	Approved
			01/01/9999	true	03/03/2025	Approved

Filtering the Processed Tab

To filter for an application, click on the 3 dots on the right side of each column of the table in the Processed Tab, as shown below. In the popup modal that appears, select the Filter in the list.



Finally, choose “equals” or “contains” to define the filter for this object and its value, as shown in the screenshot below:

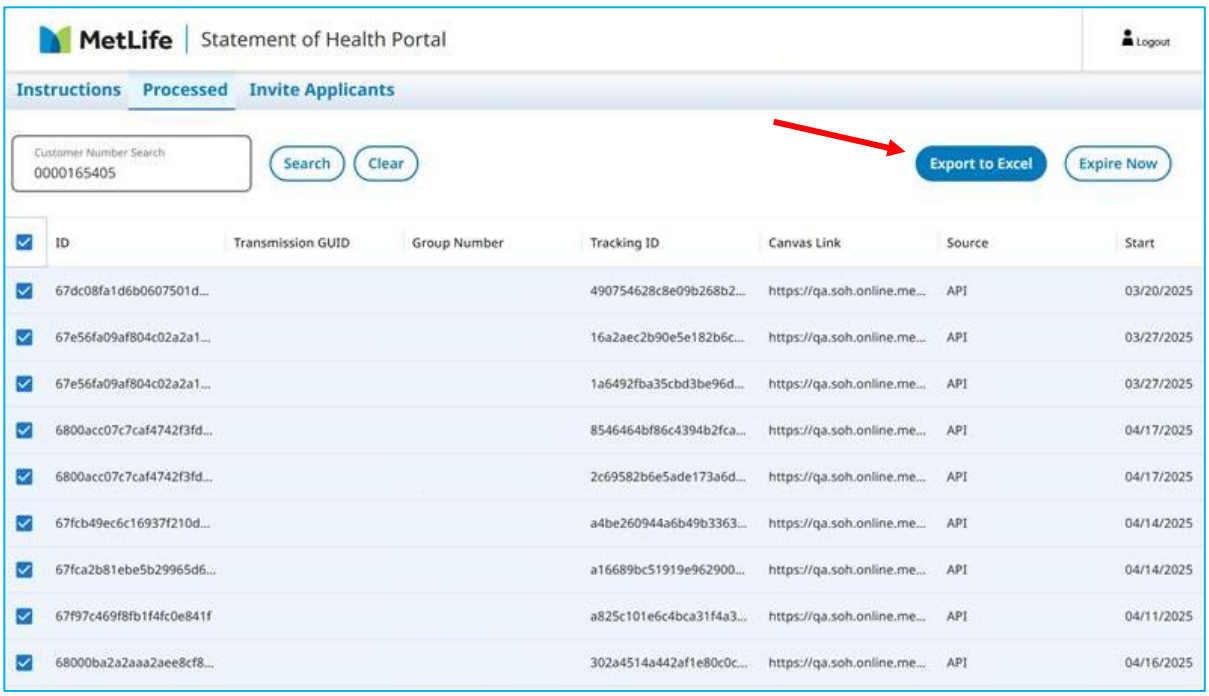


Note: Characters that are used to apply a filter are case sensitive. This is important since many applications will have different case expressions. Filtering for the name “Johnson” (first letter capitalized) will not return results that have the name “JOHNSON” (in upper case letters).

Export the Processed Tab via Excel

It is possible to export the Processed Tab to an excel file. Simply click the export button above and to the right.

Note: Any set filter on the Processed tab will apply to the export. If there is an applied filter, the data in the export will be limited by the applied filter.



End of Admin Portal Instructions

EMPLOYEE Experience

Employee Consent

The employee applicant will receive a one-time pop-up notification to review the Terms of Use policies and click on the “Accept” button to proceed.

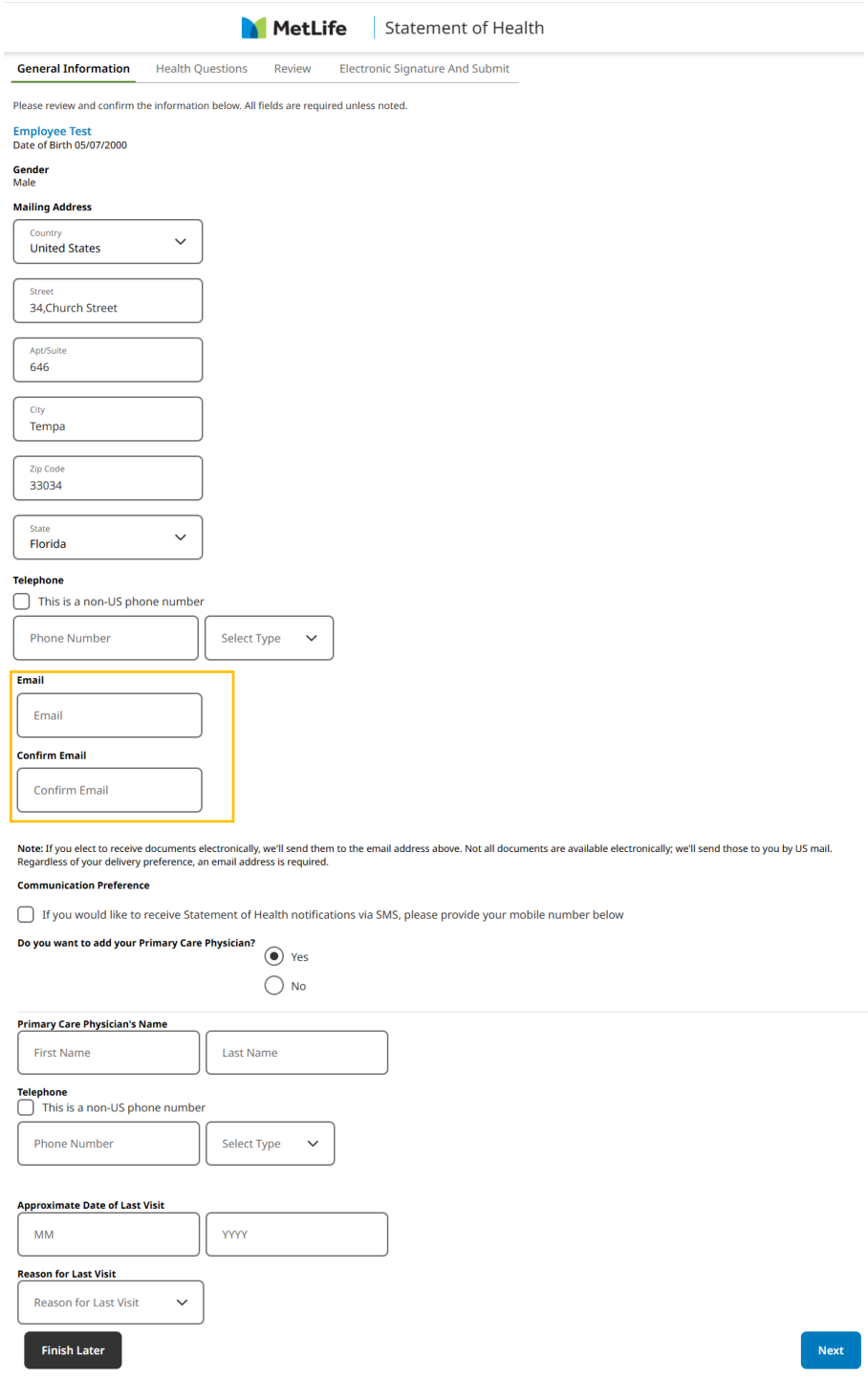
The employee applicant needs to click on the “Complete Online Now” button to proceed with the SOH application process.

General Information

Employee applicant information, where provided (e.g. name, date of birth) from the Employer, will be prepopulated.

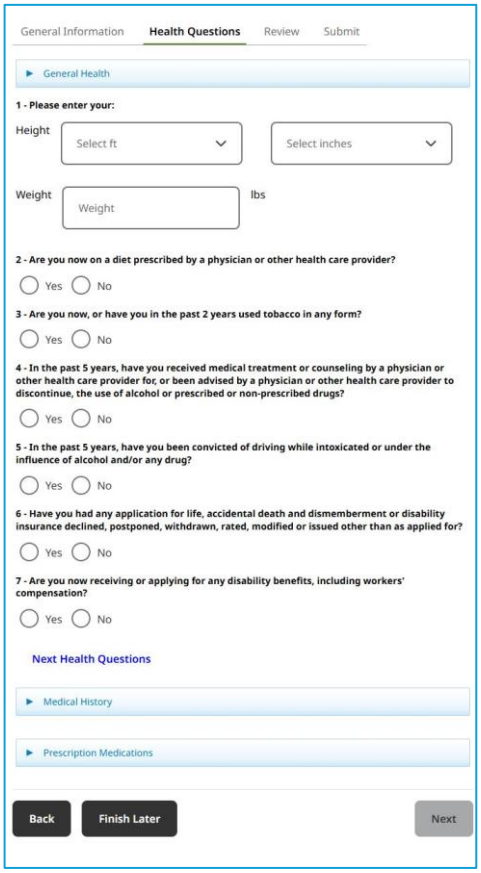
Note: If the employee applicant email address has not been provided, employee applicant will be prompted to enter the email address on the General Information screen in order to move forward.

Applicant may choose to add primary care physician details here. If they forego in this section but answer 'Yes' to medical questions, they will be prompted to complete it at that time.



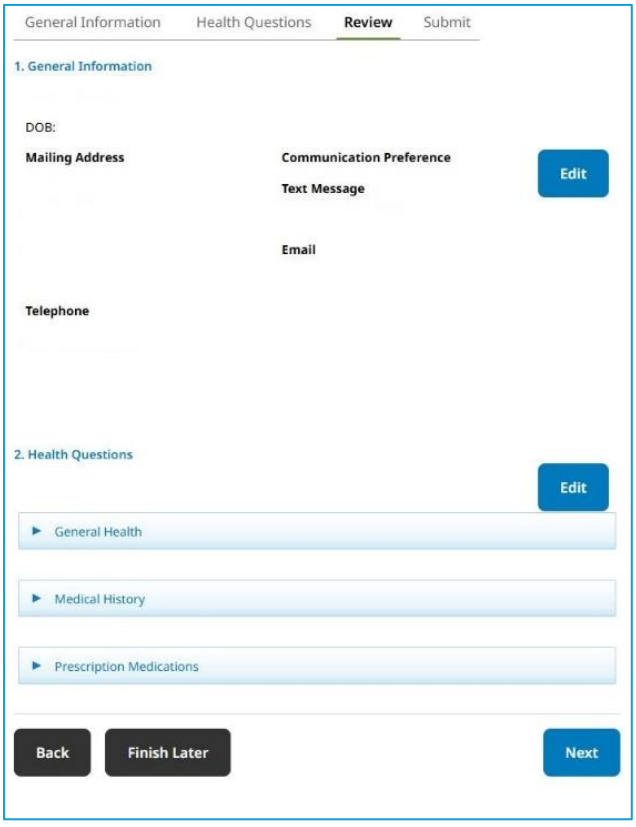
Health Questions

The health questions are reactive and may prompt for additional information, where required. The applicant will see error messages for required fields that have not been completed and will not be able to submit their application until all the required fields have been filled out.



Response Summary Review

The applicant can review their responses in a summary page and can make edits directly on the page, minimizing unnecessary page transitions.



Legal Disclosures and E-Signature

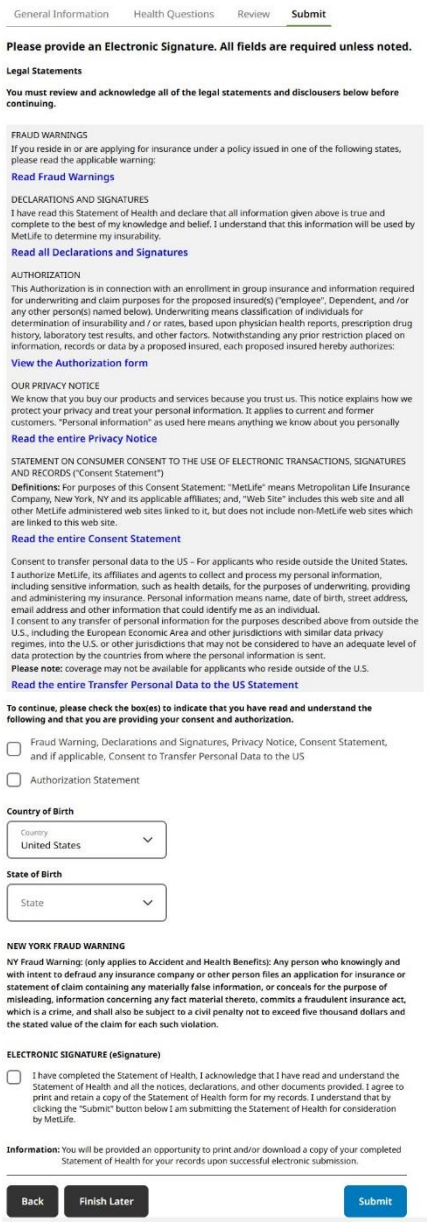
After completing and confirming responses in the Statement of Health, the applicant will be presented with several disclaimers, including:

- Fraud Warning
- Declaration and Signatures
- Privacy Notice
- Consent To Transfer Personal Data To The US For Applicants Who Reside Outside The United States Authorization

The applicant consents to these forms by clicking checkboxes for these forms. The applicant must also provide their Country of Birth and State and complete the signature form when prompted.

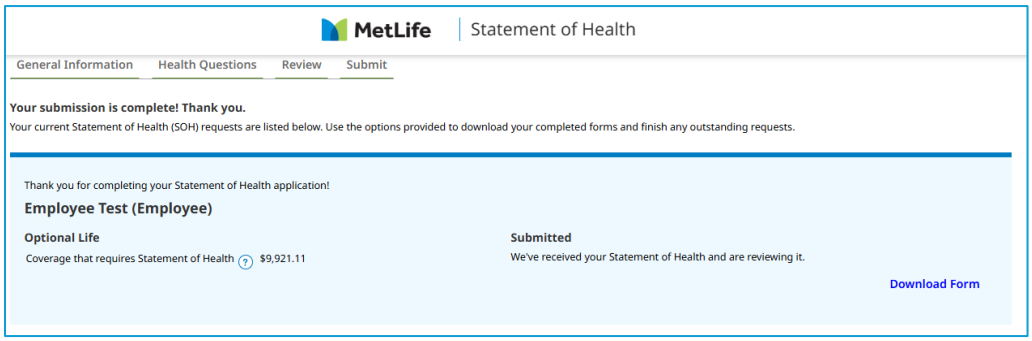
Following a review of their responses, the applicant is prompted to review and acknowledge the legal information and disclosures prior to e-signing their SOH to submit their completed SOH.

After completing the signature, the applicant must click the “Submit” button to submit the completed Statement of Health application. The application will be sent to MetLife for underwriting, and no further action is necessary by the applicant for processing.

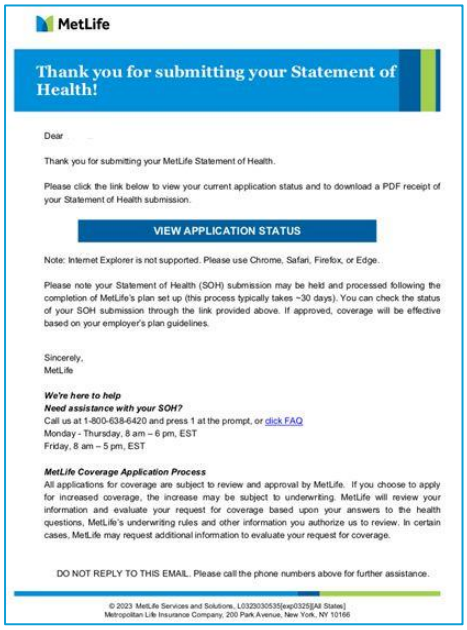


Post-Submission Confirmation

Upon submission, the applicant may download a PDF copy and view the status of their SOH application.



They will also receive a submission confirmation email with the same unique link as the invitation email to return to this screen.



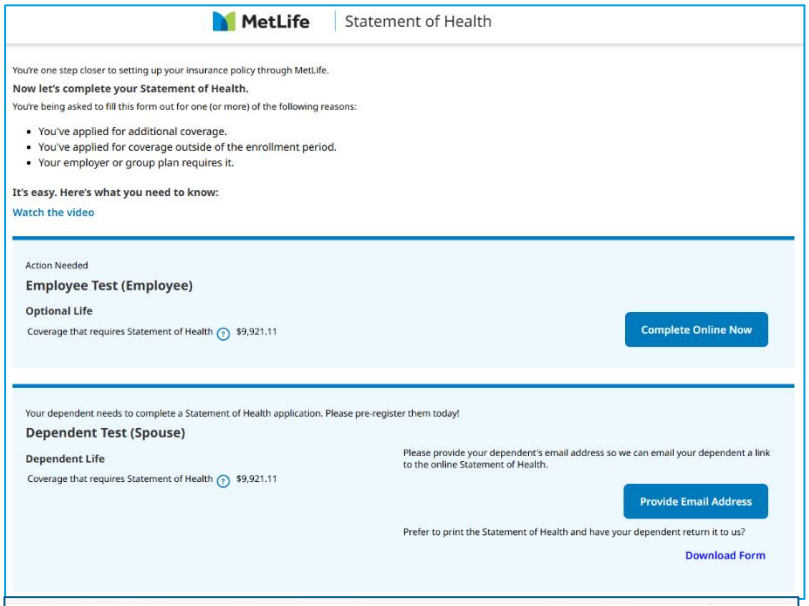
EMPLOYEE AND DEPENDENT(S) Experience

Employee Consent

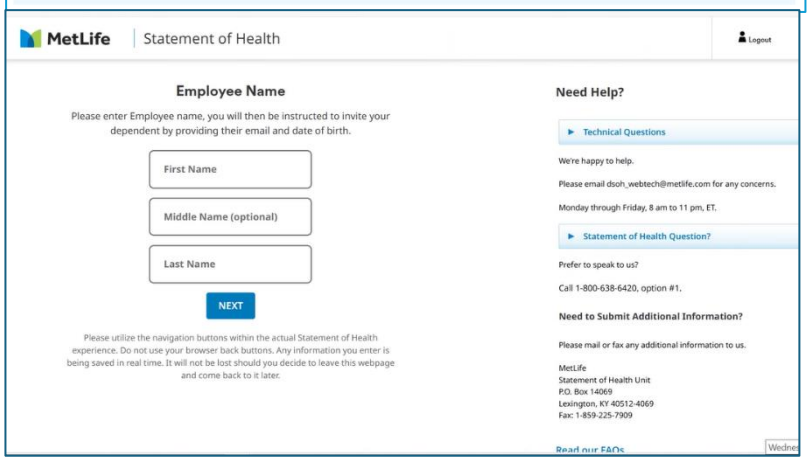
The employee will receive a one-time pop-up notification to review the Terms of Use policies and click on the “Accept” button to proceed.

The employee needs to click on the “Complete Online Now” button to proceed with the SOH application process.

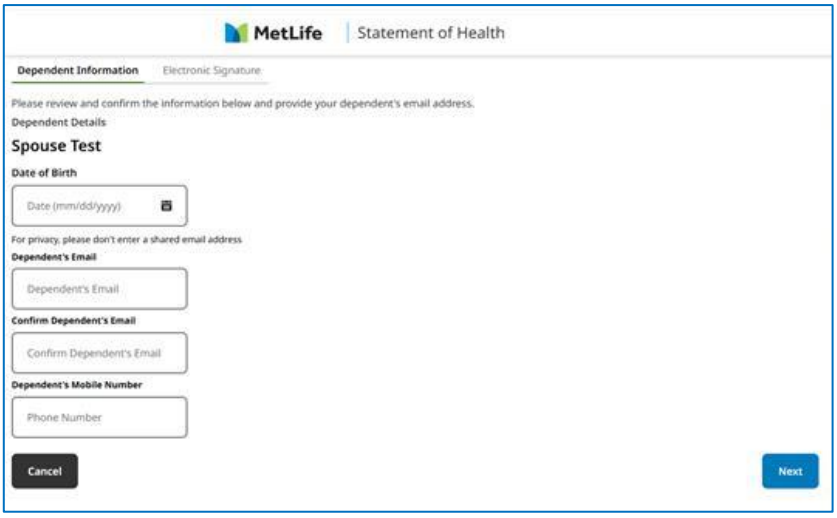
Note: If the employee has any covered dependents, they will click on the “Provide Email Address” button to invite them to fill out their SOH application.



Employee has to provide their First Name and Last Name and click on the “Next” button

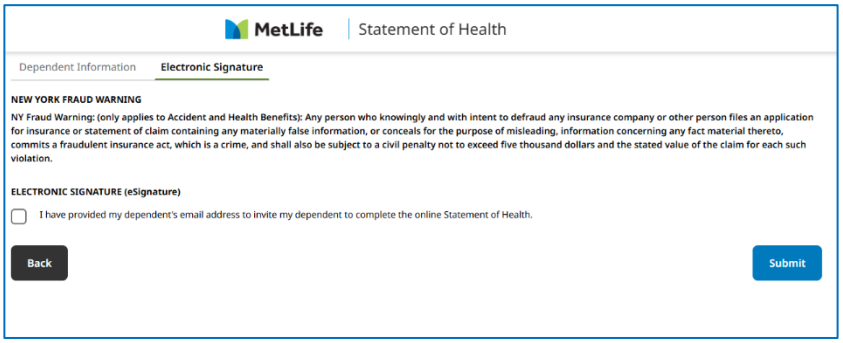


Employee will provide Spouse or Dependent information here (ie. Date of birth, Email Address, and Mobile Number)



After completing the Dependent Information, the employee will be presented with a Fraud Warning message to provide consents by clicking on the ELECTORNIC SIGNATURE checkbox and proceed to Submit.

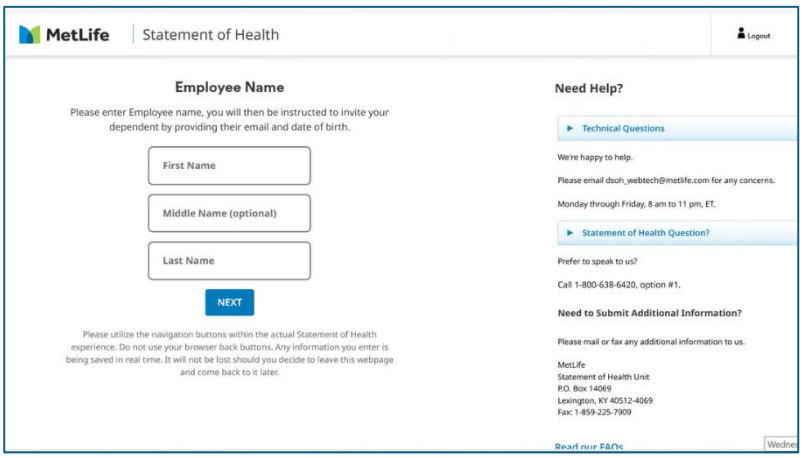
The Spouse/Dependent will receive an email from which they can submit their own SOH.



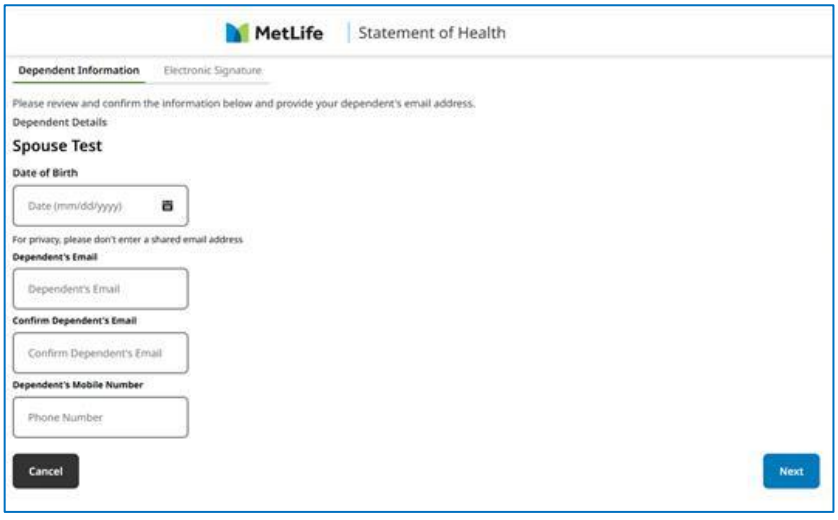
DEPENDENT Only Experience

If only a dependent applicant requires a Statement of Health, the employee will be required to invite
the dependent. they will click on the “Provide Email Address” button to invite them to fill out their SOH application.

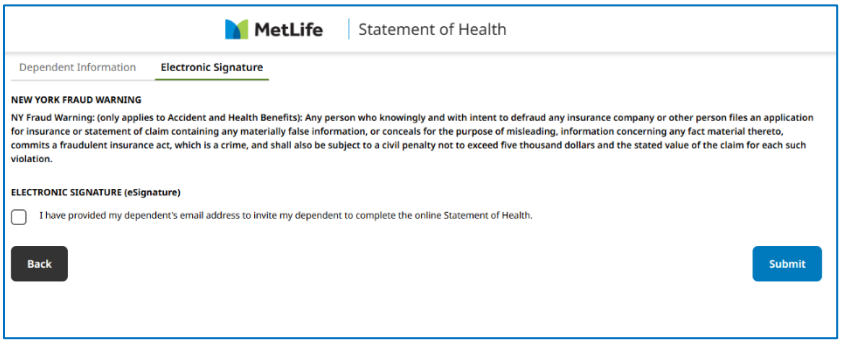
Employee has to provide their First Name and Last Name and click on the “Next” button



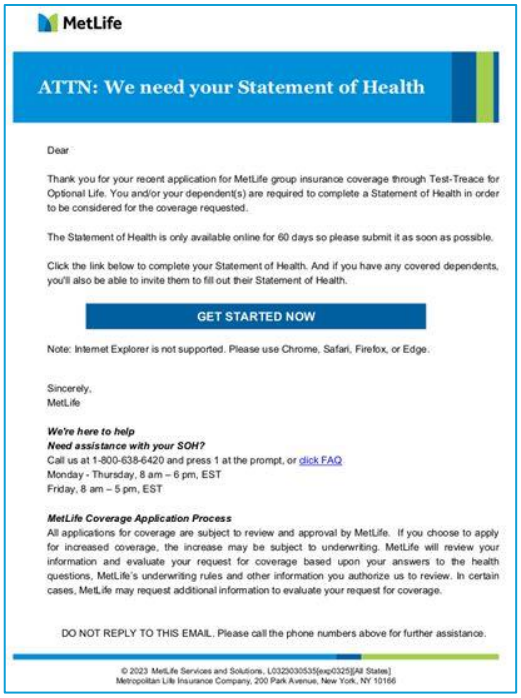
Employee will provide Spouse or Dependent information here (ie. Date of birth, Email Address, and Mobile Number)



After completing the Dependent Information, the employee will be presented with a Fraud Warning message to provide consents by clicking on the ELECTORNIC SIGNATURE checkbox and proceed to Submit.



Dependent will receive an email containing a "GET STARTED NOW" link. They will click on the link to begin the Statement of Health process.



MetLife

ATTN: We need your Statement of Health

Dear

Thank you for your recent application for MetLife group insurance coverage through Test-Treace for Optional Life. You and/or your dependent(s) are required to complete a Statement of Health in order to be considered for the coverage requested.

The Statement of Health is only available online for 60 days so please submit it as soon as possible.

Click the link below to complete your Statement of Health. And if you have any covered dependents, you'll also be able to invite them to fill out their Statement of Health.

GET STARTED NOW

Note: Internet Explorer is not supported. Please use Chrome, Safari, Firefox, or Edge.

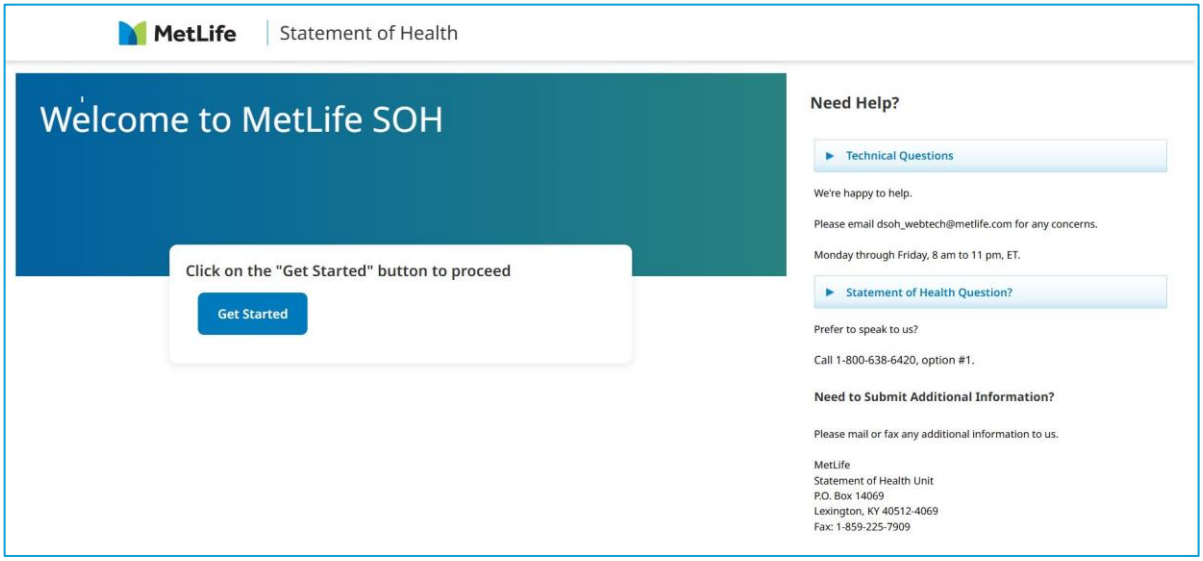
Sincerely,
MetLife

We're here to help
Need assistance with your SOH?
Call us at 1-800-638-6420 and press 1 at the prompt, or click FAQ
Monday - Thursday, 8 am – 6 pm, EST
Friday, 8 am – 5 pm, EST

MetLife Coverage Application Process
All applications for coverage are subject to review and approval by MetLife. If you choose to apply for increased coverage, the increase may be subject to underwriting. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

DO NOT REPLY TO THIS EMAIL. Please call the phone numbers above for further assistance.

Dependent will be directed to a Welcome to MetLife SOH page. They will click on the “Get Started” button to proceed.



MetLife | Statement of Health

Welcome to MetLife SOH

Click on the "Get Started" button to proceed

Get Started

Need Help?

▶ Technical Questions

We're happy to help.

Please email dsoh_webtech@metlife.com for any concerns.

Monday through Friday, 8 am to 11 pm, ET.

▶ Statement of Health Question?

Prefer to speak to us?

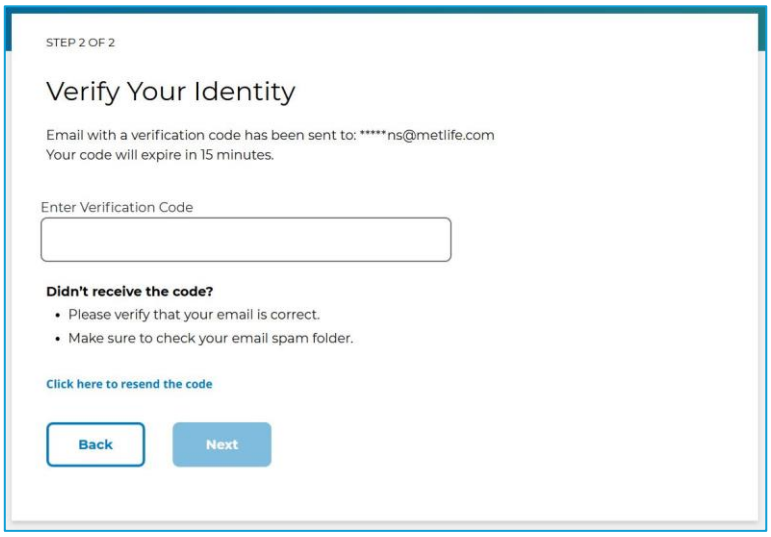
Call 1-800-638-6420, option #1.

Need to Submit Additional Information?

Please mail or fax any additional information to us.

MetLife
Statement of Health Unit
P.O. Box 14069
Lexington, KY 40512-4069
Fax: 1-859-225-7909

A verification code will be sent to the dependents' provided email address / Phone number. Once received, they will need to enter the verification code in the designated field and click the "Next" button to proceed.



Dependent Consent

The dependent applicant will receive a one-time pop-up notification to review the Terms of Use policies and click on the "Accept" button to proceed.

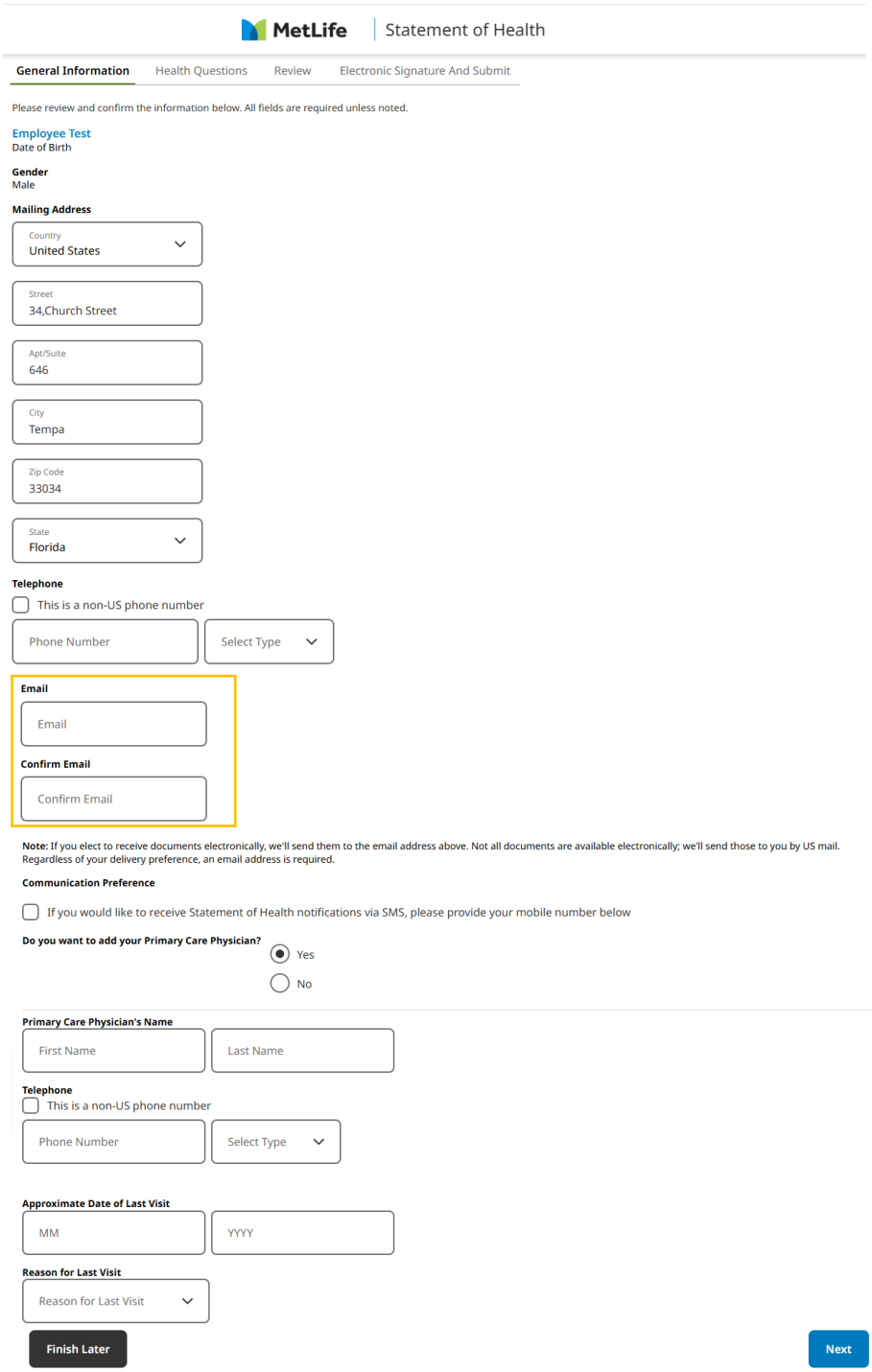
The dependent applicant needs to click on the "Complete Online Now" button to proceed with the SOH application process.

General Information

Dependent applicant information collected during the invitation process will be prepopulated including the email address fields.

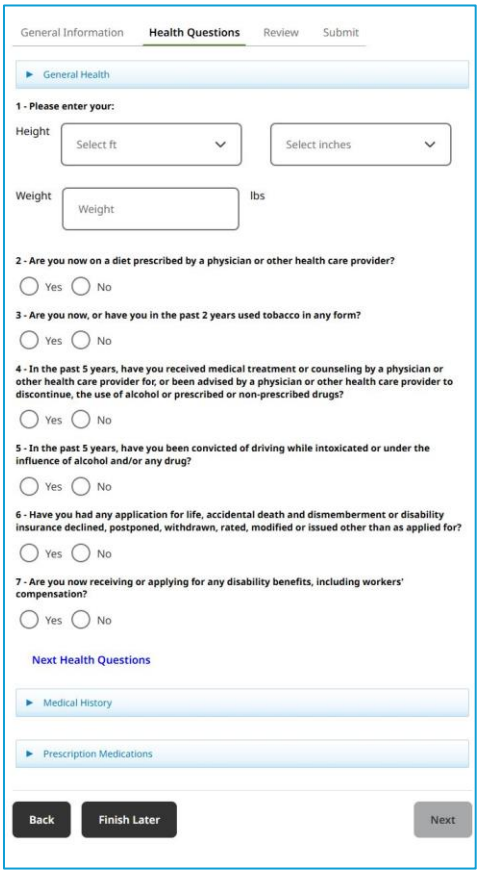
Note: If the dependent applicant email address has not been provided, employee applicant will be prompted to enter the email address on the General Information screen in order to move forward

Applicant may choose to add primary care physician details here. If they forego in this section but answer 'Yes' to medical questions, they will be prompted to complete it at that time.



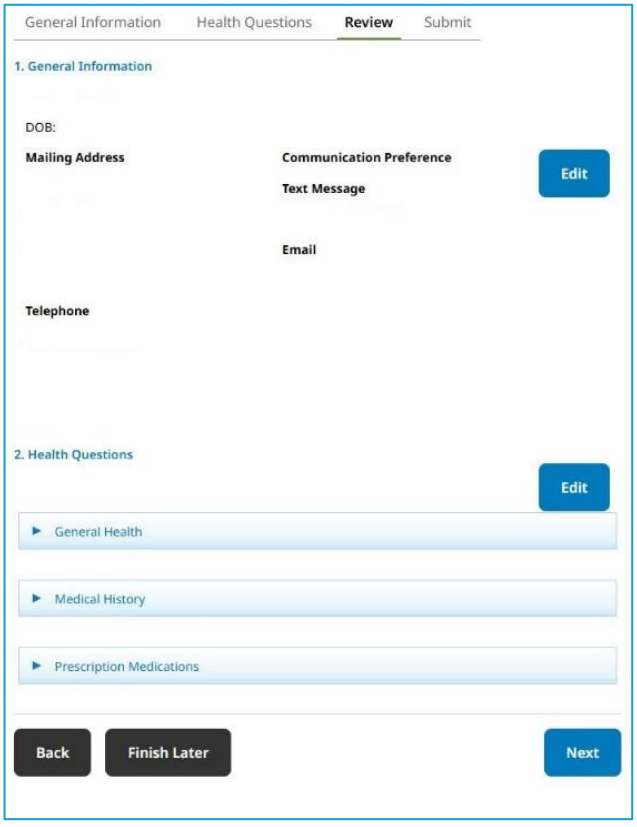
Health Questions

The health questions are reactive and may prompt for additional information, where required. The applicant will see error messages for required fields that have not been completed and will not be able to submit their application until all the required fields have been filled out.



Response Summary Review

The applicant can review their responses in a summary page and can make edits directly on the page, minimizing unnecessary page transitions.



Legal Disclosures and E-Signature

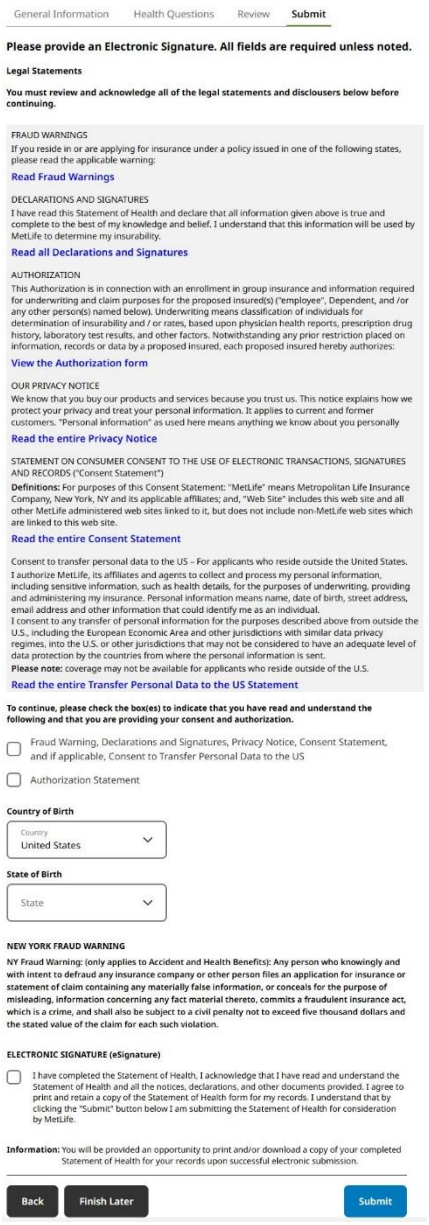
After completing and confirming responses in the Statement of Health, the applicant will be presented with several disclaimers, including:

- Fraud Warning
- Declaration and Signatures
- Privacy Notice
- Consent To Transfer Personal Data To The US For Applicants Who Reside Outside The United States Authorization

The applicant consents to these forms by clicking checkboxes for these forms. The applicant must also provide their Country of Birth and State and complete the signature form when prompted.

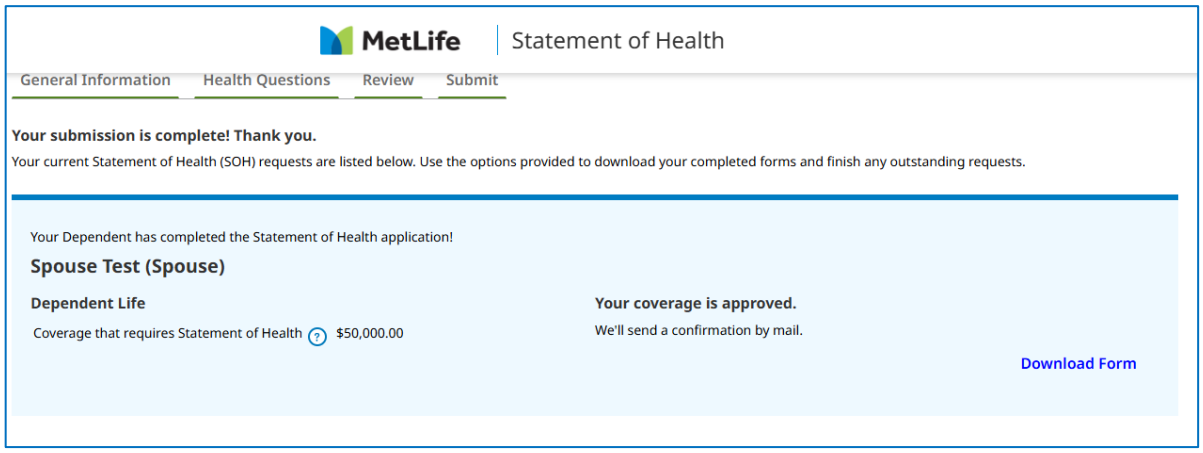
Following a review of their responses, the applicant is prompted to review and acknowledge the legal information and disclosures prior to e-signing their SOH to submit their completed SOH.

After completing the signature, the applicant must click the “Submit” button to submit the completed Statement of Health application. The application will be sent to MetLife for underwriting, and no further action is necessary by the applicant for processing.

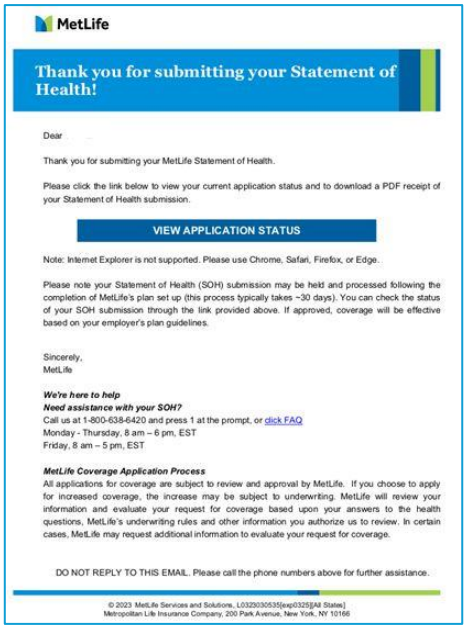


Post-Submission Confirmation

Upon submission, the applicant can download a PDF copy and view the status of their SOH application.



They will also receive a submission confirmation email with the same unique link as the invitation email to return to this screen.



Need Help?

If you have any questions relating to the SOH Portal, please contact your MetLife Representative.

Appendix: Data field instructions

The table below outlines the required data fields and the acceptable format that must be provided for each applicant when providing information for applicants who require an SOH:

Required	Field	Description	Format	Example
X	Customer #	MetLife Group / Customer #	10-digit number (add 0's in front as necessary)	0000000011
	Reporting Location	MetLife Reporting Location / Division		0001 or 9000000011A
x	Employee SSN	Employee's Social Security Number	9 digits	123-45-6789 or 123456789
x	Employee Email	Employee's Email Address	Valid email address	employee@customer.com
x	Employee DOB	Employee's Date of Birth	MM/DD/YYYY	1/1/1970
x	Employee Country	Employee's Country of Residence	Dropdown: United States or select US Territories ONLY*	United States
x	Relationship	Applicant's Relationship to the Employee	Dropdown: Employee, Spouse, Child, Domestic Partner	Employee
x	First Name	Applicant's First Name	Alphabet characters only	Adam
	Middle	Applicant Middle Initial	1 character	M.
x	Last Name	Applicant's Last Name	Alphabet characters only	Jones
x	Enrollment Year	Applicant's Policy Effective Year	YYYY	2022
x	Product 1	Applicant's Product	Insurance Product (Term Life, Short-term Disability, Long-term Disability and Whole Life) Whole Life applicants: No other applications should be entered on the same row as Whole Life. If an application is for Whole Life coverage, please leave Product 2 and Product 3 blank. For applicants for both Term Life and Whole Life: Please copy the applicants' information on two rows, and enter Term Life products (Term Life, LTD, STD) on one row, and Whole Life on a separate row.	Term Life Insurance and Whole Life Insurance
x (if Term Life or Whole Life)	Type 1	Term Life or Whole Life Insurance Product Type	If Term Life, choose Basic or Supplemental (also known as optional).	Basic or Supplemental

			If Whole Life, Short-term Disability, or Long-term disability, leave blank If Whole Life, Short-term Disability, or Long-term disability, leave blank"	
x (if Term Life or Whole Life)	Coverage ($)	Coverage requiring Medical Evidence of Insurability (MEOI)	"If Term and Whole Life, $ requested coverage subject to underwriting If Short-term or Long-Term Disability, do not enter $ amount."	$75,000
x If more than 1 product	Product 2/3/4	Product	Insurance Product (Term Life, Short-term Disability, Long-term Disability and Whole Life) Whole Life applicants: No other applications should be entered on the same row as Whole Life. If an application is for Whole Life coverage, please leave Product 2 and Product 3 blank. For applicants for both Term Life and Whole Life: Please copy the applicants' information on two rows, and enter Term Life products (Term Life, LTD, STD) on one row, and Whole Life on a separate row.	Long-Term Disability Insurance
x If Term Life	Type - 2/3/4	Term Life Insurance	"If Term Life, choose Basic or Supplemental (also known as optional). If Short-term Disability or Long-term disability, leave blank "	leave blank if not Term Life
X If Term Life	Coverage - 2/3/4	Coverage requiring Medical Evidence of Insurability (MEOI)	"If Term Life, $ requested coverage subject to underwriting If Short-term or Long-Term Disability, do not enter $ amount."	*leave blank if not Term Life*
	Gender	Applicant's Gender	Male or Female	Male
	Mobile Number	Applicant's Mobile Phone	9-digits	212-555-5555

Data Field Instructions (continued)

Required	Field	Description	Format	Example
	Address Add.	Applicant's Street Address Suite or Unit		Ste 200
	City	Applicant's City		Palo Alto
	State	Applicant's State (2 letter abbreviation)		CA
	ZIP	Applicant's postal ZIP code		94306