

MetLife Statement of Health (SOH) Portal Instructions



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.

The screenshot displays the MetLink Dashboard. At the top left is the MetLife logo, and at the top right is the word 'Welcome' followed by user icons. A blue navigation bar contains the word 'DASHBOARD'. Below this is a large dark blue banner with the text 'Welcome to MetLink' and a paragraph: 'We've simplified how you can view and manage your employees' benefits. You have access to key features right at your fingertips, which gives you the ability to quickly view claims, request claims reports and much more.' The main content area has a light gray background. On the left is a blue card titled 'Improve Your MetLink Experience' with text about browser pop-ups. On the right is a white card titled 'Enrollment Services' with a red-bordered link 'View Statement of Health'. A vertical blue 'Feedback' button is on the far right.

MetLife | Welcome

DASHBOARD

Welcome to MetLink

We've simplified how you can view and manage your employees' benefits. You have access to key features right at your fingertips, which gives you the ability to quickly view claims, request claims reports and much more.

Improve Your MetLink Experience

Some MetLink Dashboard features will now 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.

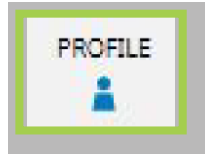
Enrollment Services

[View Statement of Health](#)

Feedback

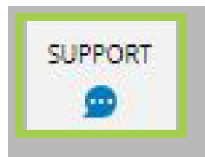
Other Dashboard Features

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.

 Statement of Health Portal

Logout

InstructionsProcessedInvite Applicants

Welcome to the MetLife Statement of Health Portal

Please see our instructions below to help walk you through the steps to provide the required information. We will use this information to send email invitations to your applicants* for them to access and submit their online SOH forms.

Detailed Instructions: Click [here](#) for more detailed instructions on how to use this Portal as well as guidance on the data requirements.

Step 1: Identify which of your applicants need to provide a Statement of Health. If you need assistance determining which applicants meet this requirement, refer to the Medical Evidence of Insurability (MEOI) specifics in your customer's plan document.

Step 2: Prepare the required data in the correct format to enter in our standardized template Excel ([Excel Template](#)) file. The employee/member is responsible for providing a Date of Birth and a valid email address for their adult dependent(s)** for them to access their online SOH experience, where applicable.

Note: Please ensure that file is not password protected. Limit each file upload to 500 records.

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. If you have questions, please contact your MetLife representative.

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 form online. Otherwise, applicants will be provided with a paper SOH form. 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 form.

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

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

* Applicants include employees/members, spouses, children, and domestic partners as applicable to the plan.

** Adult dependents include spouses, children over 18 years of age, and domestic partners as applicable to the plan.

Privacy PolicyTerms of Use

 © 2024 Metropolitan Life Insurance Company, New York, NY 10166

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.

MetLife | Statement of Health Portal Logout

[Instructions](#) [Processed](#) **[Invite Applicants](#)**

Please download the SOH template and upload it here to invite the employees and dependents for SOH.

Note: Please ensure that file is not password protected. Limit each file upload to 500 records.

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. If you have questions, please contact your MetLife representative.

[Download the template and fill the application details](#)

Drag and Drop or [Browse Files](#)

Submit

[Privacy Policy](#) | [Terms of Use](#)

MetLife © 2024 Metropolitan Life Insurance Company, New York, NY 10166

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

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's Middle 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 separate row.	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.

The screenshot displays the MetLife Statement of Health Portal interface. At the top, the MetLife logo and 'Statement of Health Portal' are visible, along with a 'Logout' link. Below the header, there are tabs for 'Instructions', 'Processed', and 'Invite Applicants'. The main content area contains instructions for uploading a file to invite employees and dependents. It includes a note about password protection and a limit of 500 records per file. A link to 'Download the template and fill the application details' is provided. A large red rectangular box highlights the upload area, which contains a red circular icon with an upward arrow and the text 'Drag and Drop or Browse Files'. Below this box, a red arrow points to an error message: 'File Type not allowed. Please upload a xls or csv file type'. A blue 'Submit' button is located below the error message. The footer of the page includes links for 'Privacy Policy' and 'Terms of Use', the MetLife logo, and a copyright notice for 2024.

MetLife | Statement of Health Portal

Logout

Instructions Processed **Invite Applicants**

Please download the SOH template and upload it here to invite the employees and dependents for SOH.

Note: Please ensure that file is not password protected. Limit each file upload to 500 records.

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. If you have questions, please contact your MetLife representative.

[Download the template and fill the application details](#)

Drag and Drop or [Browse Files](#)

File Type not allowed. Please upload a xls or csv file type

Submit

Privacy Policy | Terms of Use

MetLife © 2024 Metropolitan Life Insurance Company, New York, NY 10166

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.

 **MetLife** | Statement of Health Portal Logout

Instructions **Processed** **Invite Applicants**

Customer Number Search
0000165405

Search Clear

Export to Excel

Expire Now

	ID	Transmission GUID	Group Number	Tracking ID	Canvas Link	Source	Start
☒	67dc08fa1d6b0607501d...			490754628c8e09b268b2...	https://qa.soh.online.me...	API	03/20/2025
☐	67e56fa09af804c02a2a1...			16a2aec2b90e5e182b6c...	https://qa.soh.online.me...	API	03/27/2025
☐	67e56fa09af804c02a2a1...			1a6492fba35cbd3be96d...	https://qa.soh.online.me...	API	03/27/2025

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

MetLife Statement of Health Portal							Logout
Instructions Processed Invite Applicants							
Customer Number Search		Search Clear		Export to Excel		Expire Now	
Product - 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.

MetLife | Statement of Health Portal

Instructions Processed Invite Applicants

Customer Number Search Search Clear Export to Excel Expire Now

Group ID	Canvas Link	Source	Start	Group Name	Group Reporting Loc...	Employee DOB
522dc6bdb8ba165...	https://qa.soh.online.me...	API	02/18/2025			01/01/1987
082ca91693e93245...	https://qa.soh.online.me...	API	02/18/2025			01/01/1987
8ead4c91adcd41d...	https://qa.soh.online.me...	API	03/26/2025			01/01/1988
525ea5f4bc306bb6...	https://qa.soh.online.me...	API	03/27/2025			01/01/1950

Sort by ASC
Sort by DESC
Filter
Hide column
Manage columns

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

MetLife | Statement of Health Portal

Instructions Processed Invite Applicants

Customer Number Search Search Clear Export to Excel Expire Now

Group ID	Canvas Link	Source	Start	Group Name	Group Reportin...	Employee DOB
			03/11/2025		0000200027	11/12/1977
#2bf9a7a34d4c3b...	https://qa.soh.online.me...	API	03/10/2025		0000200027	03/27/1946

Columns Operator Value
X Group Reportin... contains 200027

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.

 Statement of Health Portal

Logout

Instructions

Processed

Invite Applicants

Customer Number Search
0000165405

Search

Clear

Export to Excel

Expire Now

☒	ID	Transmission GUID	Group Number	Tracking ID	Canvas Link	Source	Start
☒	67dc08fa1d6b0607501d...			490754628c8e09b268b2...	https://qa.soh.online.me...	API	03/20/2025
☒	67e56fa09af804c02a2a1...			16a2aec2b90e5e182b6c...	https://qa.soh.online.me...	API	03/27/2025
☒	67e56fa09af804c02a2a1...			1a6492fba35cbd3be96d...	https://qa.soh.online.me...	API	03/27/2025
☒	6800acc07c7caf4742f3fd...			8546464bf86c4394b2fca...	https://qa.soh.online.me...	API	04/17/2025
☒	6800acc07c7caf4742f3fd...			2c69582b6e5ade173a6d...	https://qa.soh.online.me...	API	04/17/2025
☒	67fcb49ec6c16937f210d...			a4be260944a6b49b3363...	https://qa.soh.online.me...	API	04/14/2025
☒	67fca2b81ebe5b29965d6...			a16689bc51919e962900...	https://qa.soh.online.me...	API	04/14/2025
☒	67f97c469f8fb1f4fc0e841f			a825c101e6c4bca31f4a3...	https://qa.soh.online.me...	API	04/11/2025
☒	68000ba2a2aaa2aee8cf8...			302a4514a442af1e80c0c...	https://qa.soh.online.me...	API	04/16/2025

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.

Terms of Use

Please click "Terms of Use" below to review the policies and click "Accept" to view your account online.

Terms of Use

☐ I read and understand this agreement

Accept

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

MetLife

Statement of Health

You're one step closer to setting up your insurance policy through MetLife.

Now let's complete your Statement of Health.

You're being asked to fill this form out for one (or more) of the following reasons:

- You've applied for additional coverage.
- You've applied for coverage outside of the enrollment period.
- Your employer or group plan requires it.

It's easy. Here's what you need to know:

[Watch the video](#)

Action Needed

Employee Test (Employee)

Optional Life

Coverage that requires Statement of Health \$9,921.11

Complete Online Now

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.

 Statement of Health

General Information

Health Questions

Review

Electronic Signature And Submit

Please review and confirm the information below. All fields are required unless noted.

Employee Test

Date of Birth 05/07/2000

Gender

Male

Mailing Address

Country

United States

Street

34,Church Street

Apt/Suite

646

City

Tempa

Zip Code

33034

State

Florida

Telephone

☐ This is a non-US phone number

Phone Number

Select Type

Email

Email

Confirm Email

Note: If you elect to receive documents electronically, we'll send them to the email address above. Not all documents are available electronically; we'll send those to you by US mail. Regardless of your delivery preference, an email address is required.

Communication Preference

☐ If you would like to receive Statement of Health notifications via SMS, please provide your mobile number below

Do you want to add your Primary Care Physician?

☒ Yes

☐ No

Primary Care Physician's Name

First Name

Last Name

Telephone

☐ This is a non-US phone number

Phone Number

Select Type

Approximate Date of Last Visit

MM

YYYY

Reason for Last Visit

Reason for Last Visit

Finish Later

Next

16

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.

The screenshot shows the 'Health Questions' section of a form. At the top, there are four tabs: 'General Information', 'Health Questions' (which is active), 'Review', and 'Submit'. Below the tabs is a section titled 'General Health' with a right-pointing arrow. The questions are numbered 1 through 7. Question 1 asks for height and weight, with dropdown menus for feet and inches, and a text input for weight in pounds. Questions 2 through 7 are yes/no questions regarding diet, tobacco use, medical treatment, alcohol/drug use, and disability benefits. At the bottom of the questions is a link 'Next Health Questions'. Below this are three expandable sections: 'Medical History' and 'Prescription Medications', each with a right-pointing arrow. At the very bottom are three buttons: 'Back', 'Finish Later', and 'Next'.

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.

The screenshot shows the 'Review' section of the application form. At the top, there are four tabs: 'General Information', 'Health Questions', 'Review' (which is active), and 'Submit'. Below the tabs is a section titled '1. General Information' with a right-pointing arrow. This section contains fields for 'DOB:', 'Mailing Address', 'Communication Preference' (with a sub-field for 'Text Message'), 'Email', and 'Telephone'. To the right of the 'Text Message' field is an 'Edit' button. Below this section is a section titled '2. Health Questions' with a right-pointing arrow. This section contains three expandable sections: 'General Health', 'Medical History', and 'Prescription Medications', each with a right-pointing arrow. To the right of the 'Health Questions' section is an 'Edit' button. At the bottom are three buttons: 'Back', 'Finish Later', and 'Next'.

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.

General InformationHealth QuestionsReview**Submit**

Please provide an Electronic Signature. All fields are required unless noted.

Legal Statements
You must review and acknowledge all of the legal statements and disclosures below before continuing.

FRAUD WARNINGS
If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning:
[Read Fraud Warnings](#)

DECLARATIONS AND SIGNATURES
I have read this Statement of Health and declare that all information given above is true and complete to the best of my knowledge and belief. I understand that this information will be used by MetLife to determine my insurability.
[Read all Declarations and Signatures](#)

AUTHORIZATION
This Authorization is in connection with an enrollment in group insurance and information required for underwriting and claim purposes for the proposed insured(s) ("employee", dependent, and/or any other person(s) named below). Underwriting means classification of individuals for determination of insurability and/or rates, based upon physician health reports, prescription drug history, laboratory test results, and other factors. Notwithstanding any prior restriction placed on information, records or data by a proposed insured, each proposed insured hereby authorizes:
[View the Authorization form](#)

OUR PRIVACY NOTICE
We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally
[Read the entire Privacy Notice](#)

STATEMENT ON CONSUMER CONSENT TO THE USE OF ELECTRONIC TRANSACTIONS, SIGNATURES AND RECORDS ("Consent Statement")
Definitions: For purposes of this Consent Statement: "MetLife" means Metropolitan Life Insurance Company, New York, NY and its applicable affiliates; and, "Web Site" includes this web site and all other MetLife administered web sites linked to it, but does not include non-MetLife web sites which are linked to this web site.
[Read the entire Consent Statement](#)

Consent to transfer personal data to the US – For applicants who reside outside the United States. I authorize MetLife, its affiliates and agents to collect and process my personal information, including sensitive information, such as health details, for the purposes of underwriting, providing and administering my insurance. Personal information means name, date of birth, street address, email address and other information that could identify me as an individual. I consent to any transfer of personal information for the purposes described above from outside the U.S., including the European Economic Area and other jurisdictions with similar data privacy regimes, into the U.S. or other jurisdictions that may not be considered to have an adequate level of data protection by the countries from where the personal information is sent.
Please note: coverage may not be available for applicants who reside outside of the U.S.
[Read the entire Transfer Personal Data to the US Statement](#)

To continue, please check the box(es) to indicate that you have read and understand the following and that you are providing your consent and authorization.
☐ Fraud Warning, Declarations and Signatures, Privacy Notice, Consent Statement, and if applicable, Consent to Transfer Personal Data to the US
☐ Authorization Statement

Country of Birth

Country
United States

State of Birth

State

NEW YORK FRAUD WARNING
NY Fraud Warning: (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

ELECTRONIC SIGNATURE (eSignature)
☐ I have completed the Statement of Health, I acknowledge that I have read and understand the Statement of Health and all the notices, declarations, and other documents provided. I agree to print and retain a copy of the Statement of Health form for my records. I understand that by clicking the "Submit" button below I am submitting the Statement of Health for consideration by MetLife.

Information: You will be provided an opportunity to print and/or download a copy of your completed Statement of Health for your records upon successful electronic submission.

BackFinish Later

Submit

Post-Submission Confirmation

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

 Statement of Health

General Information | Health Questions | Review | Submit

Your submission is complete! Thank you.

Your current Statement of Health (SOH) requests are listed below. Use the options provided to download your completed forms and finish any outstanding requests.

Thank you for completing your Statement of Health application!

Employee Test (Employee)

Optional Life

Coverage that requires Statement of Health ⓘ \$9,921.11

Submitted

We've received your Statement of Health and are reviewing it.

[Download Form](#)

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



Thank you for submitting your Statement of Health!

Dear ,

Thank you for submitting your MetLife Statement of Health.

Please click the link below to view your current application status and to download a PDF receipt of your Statement of Health submission.

[VIEW APPLICATION STATUS](#)

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

Please note your Statement of Health (SOH) submission may be held and processed following the completion of MetLife's plan set up (this process typically takes ~30 days). You can check the status of your SOH submission through the link provided above. If approved, coverage will be effective based on your employer's plan guidelines.

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 - 8 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.

© 2023 MetLife Services and Solutions, L032903053[exp0325][All States]
Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166

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 screenshot shows a 'Terms of Use' pop-up window. At the top, it says 'Terms of Use'. Below that, it instructs the user to click 'Terms of Use' to review policies and click 'Accept' to view their account online. There is a checkbox labeled 'I read and understand this agreement' and an 'Accept' button.

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.

The screenshot shows the MetLife Statement of Health application page. It includes the MetLife logo and the title 'Statement of Health'. The page informs the user they are one step closer to setting up their insurance policy and asks them to complete their Statement of Health. It lists reasons for being asked to fill out the form: applying for additional coverage, applying for coverage outside the enrollment period, or employer/group plan requirements. It provides a 'Watch the video' link. The 'Action Needed' section shows 'Employee Test (Employee)' with an 'Optional Life' coverage that requires a Statement of Health for \$9,921.11, with a 'Complete Online Now' button. The 'Dependent Test (Spouse)' section asks for the dependent's email address to receive a link to the online Statement of Health, with a 'Provide Email Address' button. It also offers to print the Statement of Health and have the dependent return it, with a 'Download Form' link.

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

The screenshot shows the MetLife Statement of Health application page, specifically the 'Employee Name' section. It asks the user to enter their Employee name, which will be used to invite their dependent by providing their email and date of birth. There are input fields for 'First Name', 'Middle Name (optional)', and 'Last Name', followed by a 'NEXT' button. A 'Need Help?' section on the right provides technical questions, contact information for the MetLife Statement of Health Unit, and a link to read the Fair Practices (F&P's). A 'Read our F&P's' link is at the bottom right.

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

 Statement of Health

Dependent Information

Electronic Signature

Please review and confirm the information below and provide your dependent's email address.

Dependent Details

Spouse Test

Date of Birth

Date (mm/dd/yyyy)

For privacy, please don't enter a shared email address.

Dependent's Email

Dependent's Email

Confirm Dependent's Email

Confirm Dependent's Email

Dependent's Mobile Number

Phone Number

Cancel

Next

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

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

 Statement of Health

Dependent Information

Electronic Signature

NEW YORK FRAUD WARNING

NY Fraud Warning: (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

ELECTRONIC SIGNATURE (eSignature)

☐

I have provided my dependent's email address to invite my dependent to complete the online Statement of Health.

Back

Submit

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 ELECTRONIC SIGNATURE checkbox and proceed to Submit.



MetLife | Statement of Health

You're one step closer to setting up your insurance policy through MetLife.

Now let's complete your Statement of Health.

You're being asked to fill this form out for one (or more) of the following reasons:

- You've applied for additional coverage.
- You've applied for coverage outside of the enrollment period.
- Your employer or group plan requires it.

It's easy. Here's what you need to know:

[Watch the video](#)

Your dependent needs to complete a Statement of Health application. Please pre-register them today!

EmployeeSpouseMVP WWLTermLife (Spouse)

Dependent Life

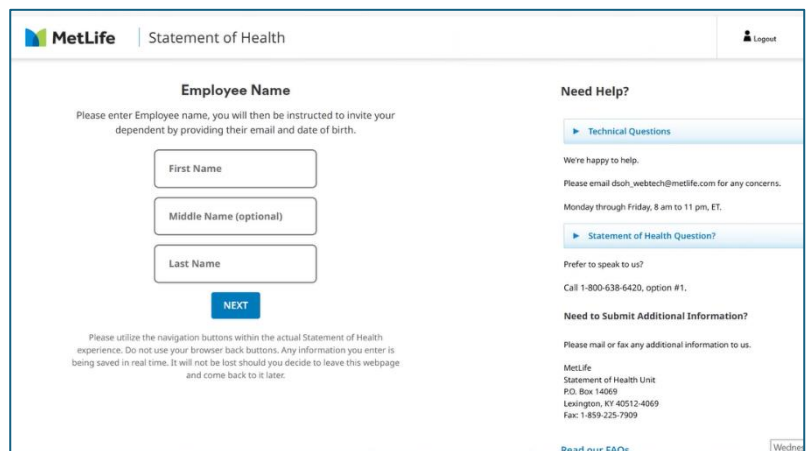
Coverage that requires Statement of Health \$40,000.00

Please provide your dependent's email address so we can email your dependent a link to the online Statement of Health.

[Provide Email Address](#)

Prefer to print the Statement of Health and have your dependent return it to us?

[Download Form](#)



MetLife | Statement of Health

Employee Name

Please enter Employee name, you will then be instructed to invite your dependent by providing their email and date of birth.

First Name

Middle Name (optional)

Last Name

[NEXT](#)

Please utilize the navigation buttons within the actual Statement of Health experience. Do not use your browser back buttons. Any information you enter is being saved in real time. It will not be lost should you decide to leave this webpage and come back to it later.

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.

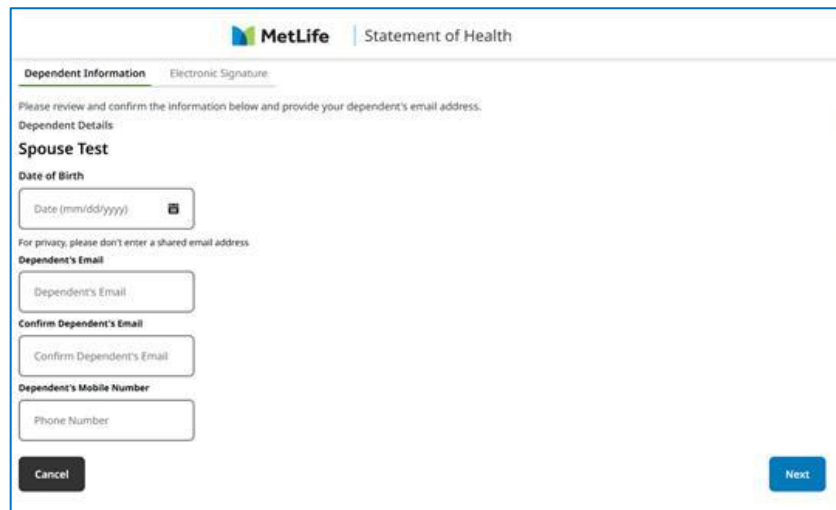
Need to Submit Additional Information?

Please email 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

[Read our FAQs](#)

Windows



MetLife | Statement of Health

Dependent Information [Electronic Signature](#)

Please review and confirm the information below and provide your dependent's email address.

Dependent Details

Spouse Test

Date of Birth

Date (mm/dd/yyyy)

For privacy, please don't enter a shared email address.

Dependent's Email

Dependent's Email

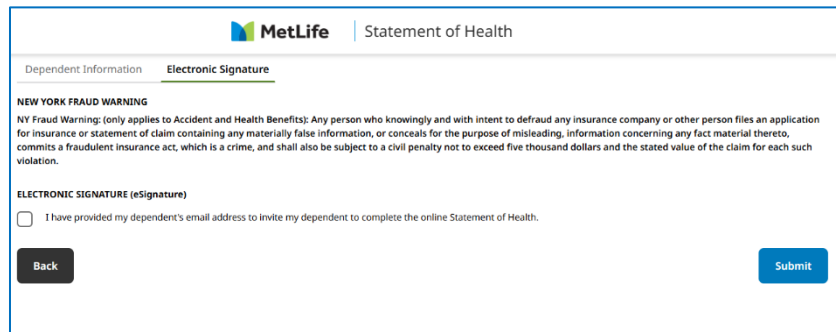
Confirm Dependent's Email

Confirm Dependent's Email

Dependent's Mobile Number

Phone Number

[Cancel](#) [Next](#)



MetLife | Statement of Health

Dependent Information [Electronic Signature](#)

NEW YORK FRAUD WARNING

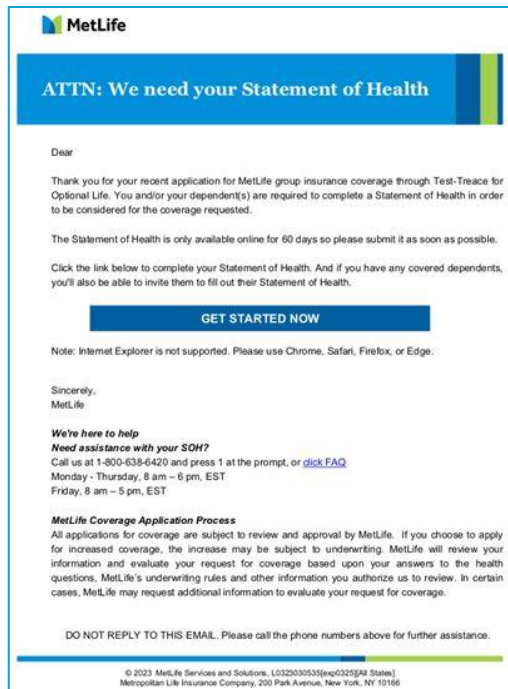
NY Fraud Warning: (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

ELECTRONIC SIGNATURE (eSignature)

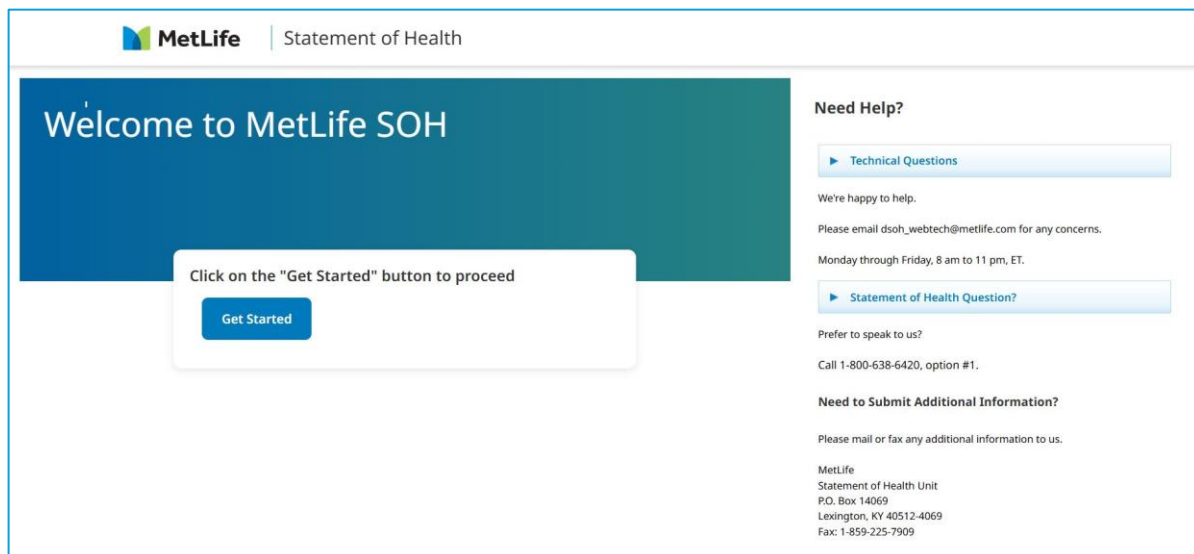
☐ I have provided my dependent's email address to invite my dependent to complete the online Statement of Health.

[Back](#) [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.



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



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.

STEP 2 OF 2

Verify Your Identity

Email with a verification code has been sent to: *****@metlife.com
Your code will expire in 15 minutes.

Enter Verification Code

Didn't receive the code?

- Please verify that your email is correct.
- Make sure to check your email spam folder.

[Click here to resend the code](#)

[Back](#) [Next](#)

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.

Terms of Use

Please click "Terms of Use" below to review the policies and click "Accept" to view your account online.

[Terms of Use](#)

☐ I read and understand this agreement

[Accept](#)

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

MetLife | Statement of Health

You're one step closer to setting up your insurance policy through MetLife.

Now let's complete your Statement of Health.

You're being asked to fill this form out for one (or more) of the following reasons:

- You've applied for additional coverage.
- You've applied for coverage outside of the enrollment period.
- Your employer or group plan requires it.

It's easy. Here's what you need to know:

[Watch the video](#)

Action Needed

Spouse Test (Spouse)

Dependent Life

Coverage that requires Statement of Health ⓘ \$50,000.00

[Complete Online Now](#)

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.

 Statement of Health

General Information

Health Questions

Review

Electronic Signature And Submit

Please review and confirm the information below. All fields are required unless noted.

Employee Test

Date of Birth

Gender

Male

Mailing Address

Country

United States

Street

34,Church Street

Apt/Suite

646

City

Tempa

Zip Code

33034

State

Florida

Telephone

☐ This is a non-US phone number

Phone Number

Select Type

Email

Email

Confirm Email

Note: If you elect to receive documents electronically, we'll send them to the email address above. Not all documents are available electronically; we'll send those to you by US mail. Regardless of your delivery preference, an email address is required.

Communication Preference

☐ If you would like to receive Statement of Health notifications via SMS, please provide your mobile number below

Do you want to add your Primary Care Physician?

☒ Yes

☐ No

Primary Care Physician's Name

First Name

Last Name

Telephone

☐ This is a non-US phone number

Phone Number

Select Type

Approximate Date of Last Visit

MM

YYYY

Reason for Last Visit

Reason for Last Visit

Finish Later

Next

25

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.

The screenshot shows the 'Health Questions' section of a form. At the top, there are tabs: 'General Information', 'Health Questions' (active), 'Review', and 'Submit'. Below the tabs is a section titled 'General Health'. The first question asks for height and weight, with dropdown menus for height (feet and inches) and a text input for weight (pounds). The next three questions are yes/no questions about diet, tobacco use, and medical treatment. The last two questions are yes/no questions about driving while intoxicated and disability benefits. At the bottom of the section are buttons for 'Back', 'Finish Later', and 'Next'. There are also expandable sections for 'Medical History' and 'Prescription Medications'.

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.

The screenshot shows the 'Review' section of the form. At the top, there are tabs: 'General Information', 'Health Questions', 'Review' (active), and 'Submit'. Below the tabs is a section titled '1. General Information'. It contains fields for 'DOB:', 'Mailing Address', 'Telephone', 'Communication Preference', 'Text Message', and 'Email'. There is an 'Edit' button next to the 'Communication Preference' field. Below this section is a section titled '2. Health Questions' with an 'Edit' button. Under '2. Health Questions' are expandable sections for 'General Health', 'Medical History', and 'Prescription Medications'. At the bottom are buttons for 'Back', 'Finish Later', and 'Next'.

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.

General InformationHealth QuestionsReview**Submit**

Please provide an Electronic Signature. All fields are required unless noted.

Legal Statements
You must review and acknowledge all of the legal statements and disclosures below before continuing.

FRAUD WARNINGS
If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning:
[Read Fraud Warnings](#)

DECLARATIONS AND SIGNATURES
I have read this Statement of Health and declare that all information given above is true and complete to the best of my knowledge and belief. I understand that this information will be used by MetLife to determine my insurability.
[Read all Declarations and Signatures](#)

AUTHORIZATION
This Authorization is in connection with an enrollment in group insurance and information required for underwriting and claim purposes for the proposed insured(s) ("employee", dependent, and/or any other person(s) named below). Underwriting means classification of individuals for determination of insurability and/or rates, based upon physician health reports, prescription drug history, laboratory test results, and other factors. Notwithstanding any prior restriction placed on information, records or data by a proposed insured, each proposed insured hereby authorizes:
[View the Authorization form](#)

OUR PRIVACY NOTICE
We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally
[Read the entire Privacy Notice](#)

STATEMENT ON CONSUMER CONSENT TO THE USE OF ELECTRONIC TRANSACTIONS, SIGNATURES AND RECORDS ("Consent Statement")
Definitions: For purposes of this Consent Statement: "MetLife" means Metropolitan Life Insurance Company, New York, NY and its applicable affiliates; and, "Web Site" includes this web site and all other MetLife administered web sites linked to it, but does not include non-MetLife web sites which are linked to this web site.
[Read the entire Consent Statement](#)

Consent to transfer personal data to the US – For applicants who reside outside the United States. I authorize MetLife, its affiliates and agents to collect and process my personal information, including sensitive information, such as health details, for the purposes of underwriting, providing and administering my insurance. Personal information means name, date of birth, street address, email address and other information that could identify me as an individual. I consent to any transfer of personal information for the purposes described above from outside the U.S., including the European Economic Area and other jurisdictions with similar data privacy regimes, into the U.S. or other jurisdictions that may not be considered to have an adequate level of data protection by the countries from where the personal information is sent.
Please note: coverage may not be available for applicants who reside outside of the U.S.
[Read the entire Transfer Personal Data to the US Statement](#)

To continue, please check the box(es) to indicate that you have read and understand the following and that you are providing your consent and authorization.
☐ Fraud Warning, Declarations and Signatures, Privacy Notice, Consent Statement, and if applicable, Consent to Transfer Personal Data to the US
☐ Authorization Statement

Country of Birth

Country
United States

State of Birth

State

NEW YORK FRAUD WARNING
NY Fraud Warning: (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

ELECTRONIC SIGNATURE (eSignature)
☐ I have completed the Statement of Health, I acknowledge that I have read and understand the Statement of Health and all the notices, declarations, and other documents provided. I agree to print and retain a copy of the Statement of Health form for my records. I understand that by clicking the "Submit" button below I am submitting the Statement of Health for consideration by MetLife.

Information: You will be provided an opportunity to print and/or download a copy of your completed Statement of Health for your records upon successful electronic submission.

BackFinish Later

Submit

Post-Submission Confirmation

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

 Statement of Health

General Information | Health Questions | Review | Submit

Your submission is complete! Thank you.
Your current Statement of Health (SOH) requests are listed below. Use the options provided to download your completed forms and finish any outstanding requests.

Your Dependent has completed the Statement of Health application!

Spouse Test (Spouse)

Dependent Life	Your coverage is approved.
Coverage that requires Statement of Health  \$50,000.00	We'll send a confirmation by mail.

[Download Form](#)

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

 **Thank you for submitting your Statement of Health!**

Dear _____,

Thank you for submitting your MetLife Statement of Health.

Please click the link below to view your current application status and to download a PDF receipt of your Statement of Health submission.

[VIEW APPLICATION STATUS](#)

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

Please note your Statement of Health (SOH) submission may be held and processed following the completion of MetLife's plan set up (this process typically takes ~30 days). You can check the status of your SOH submission through the link provided above. If approved, coverage will be effective based on your employer's plan guidelines.

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.

© 2023 MetLife Services and Solutions, L032030535[exp0325]AR State(s)
Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166

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