



MetLife Statement of Health User Guide – State of Georgia September 2019



General Overview

- User selects coverage requiring a Statement of Health (SOH) on the GaBreeze system. This can be done via the website or the GaBreeze Benefits Center.
- On the GaBreeze website, the user will see a “Your Action Needed” with a link to complete the MetLife SOH. By selecting the link, the user will authenticate to the MetLife website.
- User will be directed to the MetLife website and will complete the SOH. If the SOH is for the Spouse Life plan, the user will be asked to fill in information for the spouse. This information will then allow MetLife to send an email directly to the spouse to complete their own SOH.
- Once the user (or spouse) completes their SOH, MetLife will review it. Based on their review, a determination will be communicated back to GaBreeze. Dependent on their determination, coverages and deductions will be updated on the GaBreeze system accordingly.
- **Please note*:** Eligible dependent children are not required to complete a SOH for Child Life insurance.
- For Technical Assistance with SOH questions, please call MetLife at 877-9MET-WEB.

Detailed Steps Cont'd

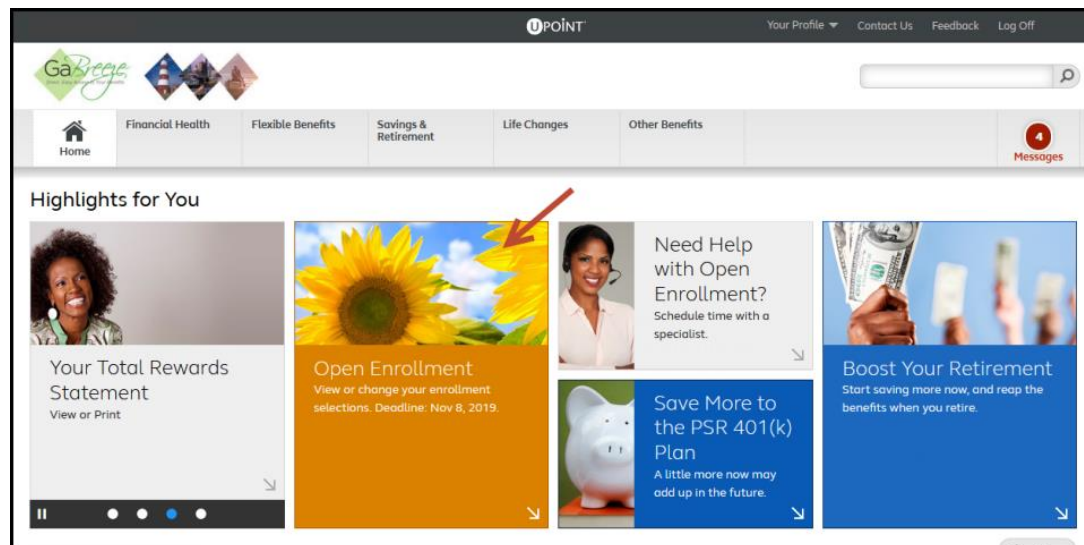
Detailed Steps

GaBreeze Steps

Step 1 – User has an enrollment opportunity on the GaBreeze system.

Step 2 – User will authenticate to the GaBreeze system. This can be done through the User ID and password on the GaBreeze website or similarly through the GaBreeze Benefits Center.

Step 3 – If the enrollment opportunity is either a Newly Eligible or Open Enrollment, the user will see the item on the GaBreeze Website. If the enrollment opportunity is user driven (i.e. a mid-year family status change), the item will not be displayed.



Detailed Steps Cont'd

Step 4 – When the user proceeds to either the Employee Life and/or Spouse Life plan, they will see the specific options that will require a Statement of Health (SOH). The options that require a SOH will depend on several factors. Below is a screen print of an example.

Enrollment
Employee Life

ALERT To view the Statement of Health (SOH) guide which helps to outline the online process.
[View \(PDF, 5,602 KB\)](#)

INFO Since you have dependents on file, consider enrolling in life insurance coverage.

Choose Your Option

Coverage effective **Annual** **Monthly**

Option	Coverage Amount	Price
<input checked="" type="radio"/> No Coverage	\$0.00	\$0.00
<input type="radio"/> 1x Benefit Salary		
<input type="radio"/> 2x Benefit Salary ¹		
<input type="radio"/> 3x Benefit Salary ¹		
<input type="radio"/> 4x Benefit Salary ¹		
<input type="radio"/> 5x Benefit Salary ¹		
<input type="radio"/> 6x Benefit Salary ¹		
<input type="radio"/> 7x Benefit Salary ¹		
<input type="radio"/> 8x Benefit Salary ¹		
<input type="radio"/> 9x Benefit Salary ¹		
<input type="radio"/> 10x Benefit Salary ¹		

¹This option requires the Statement of Health Form before coverage can take effect.

Do you want to pay for coverage on a before-tax or after-tax basis?
 Before-Tax After-Tax

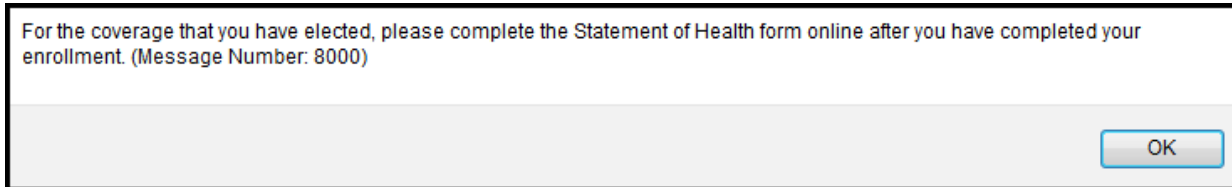
This plan has a coverage reduction provision based on age. For more details, refer to the Summary Plan Description document for this plan.

Related Info
[View your current Employee Life coverage](#)

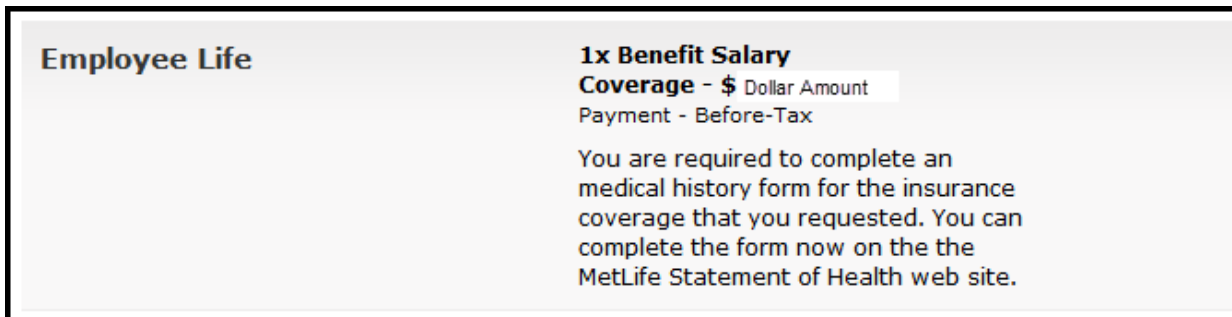
Tools and Calculators
[Estimate Your Employee Life Needs](#)

Detailed Steps Cont'd

Step 5 – When the user selects an option that requires a Statement of Health (SOH), a message will also appear alerting the user to this additional step. The user must click on the “OK” button to proceed in the enrollment flow.

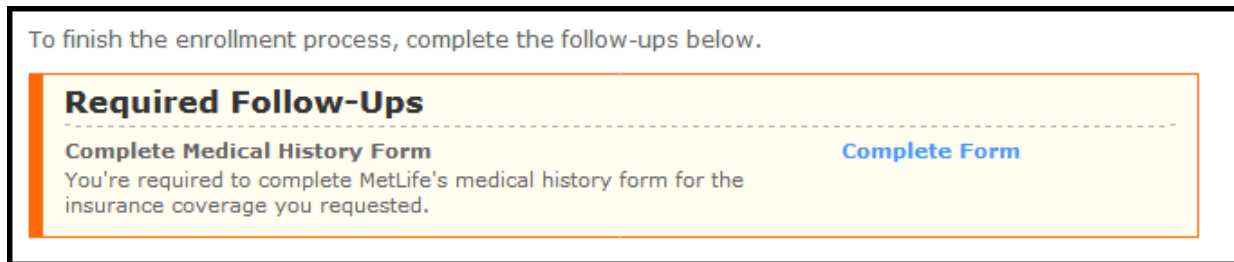


Step 6 – When the user has completed their election choices in the enrollment flow, they will be directed to a summary page to review their choices before the enrollment is complete. On this summary page, there will also appear a message under each applicable plan that requires a Statement of Health (SOH) for MetLife. Below is a screen print of an example.



Detailed Steps Cont'd

Step 7 – When the user has completed their election choices in the enrollment flow, they will be directed to a completed successfully page. On this summary page, there will also appear a message. Below is a screen print of an example:



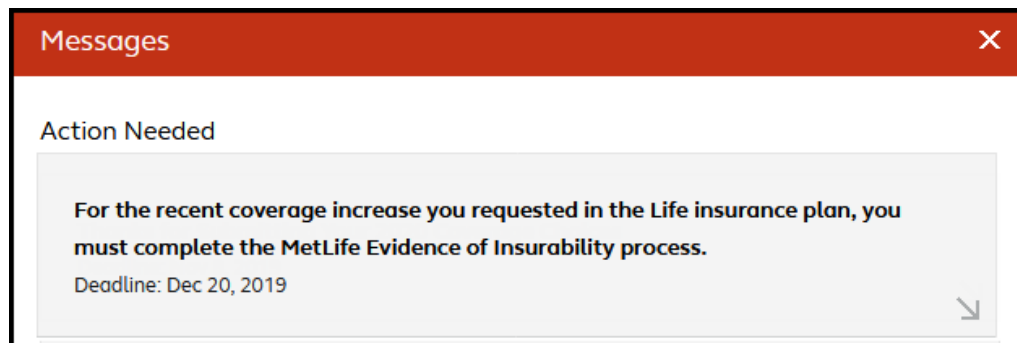
To finish the enrollment process, complete the follow-ups below.

Required Follow-Ups

Complete Medical History Form [Complete Form](#)

You're required to complete MetLife's medical history form for the insurance coverage you requested.

Step 8 – After the user reviews their election choices and clicks on the “Complete Enrollment” button, on their main home page on the GaBreeze website, they will see a new “Action Needed” indicating they have to complete the Statement of Health (SOH) process for their recently election. Once the user clicks on the “Complete your form” link, they will be directed to the MetLife website.



Messages

Action Needed

For the recent coverage increase you requested in the Life insurance plan, you must complete the MetLife Evidence of Insurability process.

Deadline: Dec 20, 2019

Detailed Steps

MetLife Steps

Steps 8 -16 are pertaining to the Employee Statement of Health (SOH) process with MetLife.

Step 8 - When a user is required to complete a Statement of Health (SOH), the SOH link will be presented on the MetOnline Product page.

***Please note:** The SOH link will not be presented if a user is not required to complete a SOH.



MetLife Steps Cont'd

Step 9 - The Statement of Health (SOH) homepage displays user directed information. The user will see a listing of all applicants that are required to complete a SOH form and the current status for each of the applicants. Each applicable coverage will also be displayed under each applicant's name. Note: You can choose to pre-register and enter the spouse email either before or after you select "complete now" to do the SOH.

The screenshot shows the MetLife website interface for a user named Tom Smith. The top navigation bar includes "Welcome Tom Smith", "Profile", and "Log Out". Below this are four main menu items: "My Accounts", "Claim Center", "Documents & Forms", and "Customer Support". The main content area is titled "Statement of Health" and includes a "Print" button. A detailed instruction box explains that information regarding the health of each Proposed Insured must be provided. Below this, two applicants are listed:

Applicant Name	Coverage	Status	Action
Tom Smith	Supplemental Life Insurance, Long Term Disability coverage	SOH Completion Required	Complete Now
Patricia Smith	Dependent Life Insurance	SOH Completion Required	Learn How

At the bottom of the page, there are links for "Terms of Use", "Privacy/HIPAA Notices", and "Contact Us".

MetLife Steps Cont'd

Step 10 - Once the user clicks on the “Complete Now” button, they will be brought to the Personal Data screen. The information on this screen may be pre-filled, if previously provided. The information will remain editable if any of the information needs to be changed. Once all of the information has been added or confirmed, the user clicks “NEXT” to proceed to the next page. The user also has the option to “Finish Later” and all information will be saved for 60 days. Upon logging back into MyBenefits, the user will receive the message “SOH Saved/Completion Required” and can proceed where they left off prior to saving their information. When complete click “NEXT”.

The screenshot shows the MetLife website interface for the 'Statement of Health' section. The user is logged in as Tom Smith. The page title is 'Statement of Health' with navigation links for 'Statement of Health Status', 'Common Questions', and 'Contact SOH Specialist'. The main content area is titled 'Personal Data' and contains two sections: 'Applicant Information' and 'Current Contact Information'. Below these is the 'Personal Physician Information' section.

Applicant Information	
Name	Tom Smith
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Date of Birth	Dec 12 1969

Current Contact Information	
Address	123 Maple Street (optional)
City	Appleton
State/Province	WI
ZIP or Postal Code	12345
Country	United States
Phone	(777) 777-7777 (Include country code if outside United States)
Employee E-Mail Address	tsmith@acme.com
Confirm Employee E-Mail Address	tsmith@acme.com

Personal Physician Information	
Add Your Personal Physician	
Name of Personal Physician	Frank Jones
Address	10 Maple Street (optional)
City	Appleton
State/Province	WI
Zip or Postal Code	12345

MetLife Steps Cont'd

Step 11 - The next screen will be the medical questionnaire. The user will then be asked to answer a small number of medical questions. Answers to these questions will determine if further medical questions are necessary. Click the “NEXT” when complete.

The screenshot shows a web browser interface for a MetLife account. At the top, there is a navigation bar with the MetLife logo, a user profile icon for 'Tom Smith', and links for 'My Accounts', 'Claim Center', 'Documents & Forms', and 'Customer Support'. Below this is a sub-header for 'Statement of Health Status' with tabs for 'Common Questions' and 'Contact SOH Specialist'. The main content area is titled 'Statement of Health' and contains a 'Health Information' section. This section includes a form for entering personal information (Height: 6 feet 0 inches, Weight: 225 pounds) and a series of 11 medical questions, each with 'Yes' and 'No' radio button options. Question 11 is a multi-part question about various medical conditions.

1. Please enter: Height: <input type="text" value="6"/> feet <input type="text" value="0"/> inches Weight: <input type="text" value="225"/> pounds	
2. Are you now on a diet prescribed by a physician or other health care provider?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Are you now pregnant?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Are you now, or have you in the past 5 years, used tobacco in any form?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. In the past 5 years, have you received medical treatment or counseling by a physician or other health care provider for, or been advised by a physician or other health care provider to discontinue, the use of alcohol or prescribed or non-prescribed drugs?	<input type="radio"/> Yes <input checked="" type="radio"/> No
6. In the past 5 years, have you been convicted of driving while intoxicated or under the influence of alcohol and/or any drug?	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. Have you had any application for life, accidental death and dismemberment or disability insurance declined, postponed, withdrawn, rated, modified, or issued other than as applied for?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. Are you now receiving or applying for any disability benefits, including workers' compensation?	<input type="radio"/> Yes <input checked="" type="radio"/> No
9. Have you been hospitalized as defined below (not including well-baby delivery) in the past 90 days? <small>Hospitalized means admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.</small>	<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Have you ever been diagnosed or treated by a physician or other health care provider for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection?	<input type="radio"/> Yes <input checked="" type="radio"/> No
11. Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider for:	
a. cardiac or cardiovascular disorder?	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. stroke or circulatory disorder?	<input type="radio"/> Yes <input checked="" type="radio"/> No
c. high blood pressure?	<input type="radio"/> Yes <input checked="" type="radio"/> No
d. cancer, Hodgkins disease, lymphoma or tumors?	<input type="radio"/> Yes <input checked="" type="radio"/> No
e. anemia, leukemia or other blood disorder?	<input type="radio"/> Yes <input checked="" type="radio"/> No
f. diabetes?	<input type="radio"/> Yes <input checked="" type="radio"/> No

MetLife Steps Cont'd

Step 12 - Now it is time to “E-Sign” the Statement of Health. The following steps should be followed for this step:

- 1) Check the Fraud Warning, Declarations and Signature, Privacy Notice and Consent Statement box;
- 2) Check the Authorization box;
- 3) Select State and Country of Birth;
- 4) Enter their Password (i.e., Date of Birth, SSN, Employee ID)
5. Click Submit

Note: If you require additional medical information, after you click “Submit” you will have the option to schedule your paramedical exam.

The screenshot shows the MetLife online interface for submitting a Statement of Health. At the top, there is a navigation bar with the MetLife logo, a user profile for Tom Smith, and links for My Accounts, Claim Center, Documents & Forms, and Customer Support. The main content area is titled "Statement of Health" and includes a "Submit Online" section. This section contains a "FRAUD WARNING" box, a list of checkboxes for "Fraud Warning, Declarations and Signature, Privacy Notice, and Consent Statement" and "Authorization", and dropdown menus for "State of Birth" and "Country of Birth". Below these are fields for "Electronic Signature (eSignature)" and "MyBenefits Password*". At the bottom, there are "Back" and "Submit" buttons.

Welcome Tom Smith | Profile | Log Out

MetLife | My Accounts | Claim Center | Documents & Forms | Customer Support

Statement of Health Status | Common Questions | Contact SOH Specialist

Statement of Health

Print

Submit Online

Review/Edit the Statement of Health or choose one of the following methods to finish:

Use the scrollbar to view the statements

FRAUD WARNING

If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning.

More Information

To continue, please check the box(es) to indicate you have read and understand the following:

- * Fraud Warning, Declarations and Signature, Privacy Notice, and Consent Statement
- * Authorization

* State of Birth:

* Country of Birth:

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 entering my password and clicking the " Submit " button below I am providing my electronic signature and submitting the Statement of Health for consideration by MetLife.

MyBenefits Password*:

*Note: Passwords are case sensitive.

If you prefer, you may print out, sign, and mail your Statement of Health form to MetLife.
Note: Please allow additional time for delivery and processing.

[Back](#) [Submit](#)

MetLife Steps Cont'd

Step 13 - Based on the answers provided, the Statement of Health may be auto approved. If so, an auto approval message will be displayed. For all others, there may be a "PENDING" notification.

Please note- if you did not enter your spouse email information at the beginning of the online form then you still have the option to do it on your submission confirmation page. Select "provide email address".

The screenshot displays the MetLife online portal interface. At the top, a navigation bar includes the MetLife logo, a user profile icon with the text 'Welcome Tom Smith', and links for 'Profile' and 'Log Out'. Below this, a secondary navigation bar features icons and labels for 'My Accounts', 'Claim Center', 'Documents & Forms', and 'Customer Support'. The main content area is titled 'Statement of Health' and includes a 'Print' button. A green banner reads 'Form Submitted'. The central message says 'Thank you for submitting your Statement of Health form online.' and provides the e-signature transaction number 'XCV37773'. A signature block for 'Tom Smith' is shown as 'Approved' with a 'Print' button. Below this, there is a paragraph of text regarding additional medical information requirements. At the bottom, a 'Next' button is available, with the text 'Additional Statement(s) of Health are required.' next to it. The footer contains links for 'Terms of Use', 'Privacy/HIPAA Notices', and 'Contact Us'.

MetLife Steps Cont'd

Step 14 – Once you have selected “Provide email address,” The user should enter their dependent spouse information – this may be pre-filled if previously provided. Once all of the information has been added or confirmed, the user clicks “NEXT” to proceed to the next page. The user also has the option to “Finish Later” and all information will be saved for 60 days. Upon logging back into MyBenefits, the user will receive the message “SOH Saved/Completion Required” and can proceed where they left off prior to saving their information. When complete click “NEXT”.

The screenshot displays the 'Statement of Health' form in a web browser. At the top, there is a navigation bar with 'Welcome Tom Smith', 'Return to Home Page', 'Profile', and 'Log Out'. Below this is a header with the MetLife logo and navigation links for 'My Accounts', 'My Forms', and 'Customer Support'. The main content area is titled 'Statement of Health' and features a progress indicator with three steps: '1 Dependent Information', '2 Electronic Signature', and '3 Thank You'. A message prompts the user to review and confirm the information, with a 'Save' button. The 'Dependent Details' section shows the following information: Name: Patricia Smith, Date of birth: January, 01 1969, Gender: Female, and Dependent's Email: psmith@email.com. There are 'Edit' and 'Save' buttons for this section. At the bottom of the form, there are 'Back', 'Cancel', and 'Next' buttons. On the right side, there is a 'Need Help?' section with links for 'Technical Questions?', 'Statement of Health question?', and 'Read our FAQs'. A vertical 'Feedback' button is also visible on the right edge. The footer contains links for 'Privacy Policy' and 'Terms of Use', along with copyright information for 2014 Metropolitan Life Insurance Company and Peanuts Worldwide LLC.

MetLife Steps Cont'd

Step 15 – The User will be taken to the Fraud Warning, Privacy Notice, and Consent Statement box and enter their password. Click “SUBMIT” when completed.

Welcome Tom Smith [Return to Home Page](#) [Profile](#) [Log Out](#)

benefits by **MetLife** [My Accounts](#) [My Forms](#) [Customer Support](#)

Statement of Health

1 Dependent Information 2 Electronic Signature 3 Thank You

Please provide an electronic signature

Legal Statements
Please review and acknowledge the legal information and disclosures below.

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:
[More information](#)

DECLARATIONS AND SIGNATURES
I have read this Statement of Health and declare that all information given above is true and

To continue, please check the box to indicate you have read and understand the following:

Fraud Warning, Declarations and Signatures, Privacy Notice, and Consent Statement

Electronic Signature
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 entering my password and clicking the "Submit" button below I am providing my electronic signature and submitting the Statement of Health for consideration by MetLife.

MetLife Login Password
Please enter the password you use to log in to MetLife

*Note: Passwords are case sensitive.

Need Help?
[▶ Technical Questions?](#)
[▶ Statement of Health question?](#)
[Read our FAQs](#)

[Feedback](#)

[Privacy Policy](#) | [Terms of Use](#)
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MetLife Steps Cont'd

Step 16 – After clicking “SUBMIT”, the next screen provides the confirmation that the Dependent Spouse will be notified via email. *Please note: email will be triggered within 24 Hours or less to the spouse email provided. The email provided will also be confirmed at the bottom of the screen- any updates to that email address can easily be done by selecting “update email”. Or if the email was not received, select “resend email” to have it sent again.

The screenshot shows the MetLife website interface for a user named Tom Smith. The page is titled "Statement of Health" and features a progress bar with three steps: "Dependent Information" (checked), "Electronic Signature" (checked), and "Thank You" (active, indicated by a '3' in a circle). The main content area is titled "Thank you!" and provides a summary of the health information provided for Tom Smith and Patricia Smith. For Tom Smith, Supplemental Life Insurance coverage is approved. For Patricia Smith, Dependent Life Insurance coverage is pending, and she is waiting to receive her Statement of Health. A red-bordered box highlights a note: "In Production, the adult dependent would receive an email notifying them to register on MyBenefits and to complete their SOH. Click the 'Resend Email' button to show how the process would work." The page also includes a "Feedback" button on the right side and a footer with legal disclaimers.

Welcome Tom Smith [Return to Home Page](#) [Profile](#) [Log Out](#)

benefits by **MetLife** [My Accounts](#) [My Forms](#) [Customer Support](#)

Statement of Health

✓ Dependent Information ✓ Electronic Signature 3 Thank You

Thank you!

Thank you for providing the requested health information. Check below to see the status of your Statement of Health request(s), and use the options provided to download your completed forms and finish any outstanding requests. Thanks for choosing MetLife!

You need to complete your Statement of Health.

Tom Smith

Supplemental Life Insurance		Approved
Total coverage requested:	\$50,000.00	Your Coverage has been approved. We'll send you a confirmation by mail or email shortly. Download form
Coverage that doesn't require proof of good health:	\$25,000.00	
Coverage that requires proof of good health:	\$25,000.00	

Your dependent needs to complete the Statement of Health.

Patricia Smith

Dependent Life Insurance		Waiting to receive Statement of Health
Total coverage requested:	\$25,000.00	We emailed a link to the statement of health to your dependent but haven't received a response yet. Please make sure your dependent received the email. psmith@email.com Update email address Resend Email
Coverage that doesn't require proof of good health:	\$12,500.00	
Coverage that requires proof of good health:	\$12,500.00	

In Production, the adult dependent would receive an email notifying them to register on MyBenefits and to complete their SOH. Click the 'Resend Email' button to show how the process would work.

[My Documents](#) [Need Help?](#) [Technical Questions?](#) [Statement of Health question?](#) [Read our FAQs](#)

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MetLife Steps Cont'd

Steps 17 -20 are pertaining to the Dependent Statement of Health (SOH) process with MetLife.

Step 17 – In less than 24 hours after the employee has pre-register the Dependent Spouse, an email will be sent to the spouse that will allow them access to MyBenefits to complete their Statement of Health (SOH). **Please note:** Generated ID for MyBenefits is provided.

The screenshot displays the MetLife MyBenefits portal interface. At the top, a dark navigation bar shows "Welcome Tom Smith" and links for "Profile" and "Log Out". Below this is a white header with the MetLife logo and navigation tabs: "My Accounts", "Claim Center", "Documents & Forms", and "Customer Support". The main content area is titled "Statement of Health Status" and includes sub-links for "Common Questions" and "Contact SOH Specialist".

The "Statement of Health" section contains the following information:

- Tom Smith**: Supplemental Life Insurance, Long Term Disability coverage. Status: **Approved**. A "Print" icon is visible.
- Patricia Smith**: Dependent Life Insurance. Status: **SOH Completion Required**. A "Learn How" button is present.

Below the status list, a privacy notice states: "At MetLife, we value you and your family's privacy." Two informational messages follow:

- A green arrow icon followed by the text: "Please click here to pre-register your spouse/domestic partner for their Statement of Health. They will receive information about how to log into MyBenefits to complete their SOH."
- A printer icon followed by the text: "If you prefer to print a blank Statement of Health form, please have your spouse/domestic partner complete, sign, and return the form to us."

At the bottom of the page, there are links for "Terms of Use", "Privacy/HIPAA Notices", and "Contact Us".

MetLife Steps Cont'd

Step 18 – When the Dependent Spouse clicks on link from their email, it will bring them to the MyBenefits website. The Generated ID Number will carry over to their registration page. Spouse will need to complete the registration:

Personal Information - Enter first name, last name, Generated ID Number, Date of Birth, Email Address

User Name and Password – Spouse will create their own username and password to access MyBenefits

Security Questions – Spouse will select 3 different security questions and answer them.

Terms of Use – Spouse will need to agree to the terms of use and then click submit to successfully register

The screenshot displays the MetLife MyBenefits website interface. At the top, there is a navigation bar with the MetLife logo, a user profile for 'Tom Smith', and links for 'My Accounts', 'Claim Center', 'Documents & Forms', and 'Customer Support'. The main content area is titled 'Statement of Health Pre-Registration (Spouse)' and includes a 'Submit Online' section. This section contains a form for 'Applicant Information' with fields for Spouse Name (Patricia Smith), Spouse Gender (radio buttons for Male and Female), Spouse Date of Birth (dropdown for Jan, 01, 1969), Spouse E-mail Address, and Confirm E-mail Address. Below this is a 'Legal Statements' section with a 'FRAUD WARNING' and a checkbox for 'Fraud Warning, Privacy Policy and Consent Statement'. The form also includes an 'Electronic Signature (eSignature)' section with a declaration of understanding and a 'MyBenefits Password' field with a masked input and a note that passwords are case sensitive.

MetLife Steps Cont'd

Step 19 – Once the Dependent Spouse registers on the MyBenefits website, they will see the registration confirmation where they will accept the terms and conditions. The Dependent Spouse should check the box after reviewing the terms and conditions, then select “Continue”.

Return to Home Page

Help | Sign In | Sign out

MetLife

State of Georgia
Update your profile

Monday, August 31, 2015

Print

Thank You. You are now registered on MyBenefits!

Go Paperless!
Receive your Dental Explanations of Benefits (Claim Statements) online. You will receive an email alert when your statement is available to view online. These alerts will be sent to the email address you used for registration.

Yes! I want to go paperless and receive my **Dental Explanations Of Benefits** Online only.

Important Note: You can change or update your email address and preferences at any time on the MyBenefits Profile page. Sign in to MyBenefits and select "Update Profile" below your name.

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

I have read and agree to the "Consent Statement" above

Cancel

Continue

Click here to view our [Browser Support](#)

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MetLife Steps Cont'd

Step 20 – After the Spouse clicks on the “Continue” button, they will be taken to the Statement of Health (SOH) landing page where they will select to complete the SOH online. **Please Note:** The employee information will not be visible to the Dependent/Spouse. They will only see their name and the “Complete Now” notification. The next step is to click the “Complete Now” button. At this point the SOH completion process is exactly the same as the process for the employee noted above in Steps 8 - 18. The Dependent/Spouse will complete SOH and eSign.

The screenshot displays the MetLife website interface for a dependent named Patricia Smith. The page is titled "Your dependent needs to complete the Statement of Health." and features a "Complete Online Now" button. The dependent's name, "Patricia Smith", is prominently displayed. Below the name, the "Dependent Life Insurance" section provides a table of coverage details:

Total coverage requested:	\$25,000.00
Coverage that doesn't require proof of good health:	\$12,500.00
Coverage that requires proof of good health:	\$12,500.00

The page also includes navigation links for "My Accounts", "My Forms", and "Customer Support" in the top right corner. A "Feedback" button is located on the right side of the page. The footer contains links for "Privacy Policy" and "Terms of Use", along with copyright information for 2014 Metropolitan Life Insurance Company NY, NY and PEANUTS © 2014 Peanuts Worldwide LLC.