

STYLE GUIDE DE PFML Combined

Version 03 | 12.14.2021



Data As Of: 09/01/2021 6:00 AM



DASHBOARD

CLAIM CENTER

ENROLLMENT SERVICES

REPORT CENTER

Claim Search / Absence Details

MetLife Event # MLE-111111

Absence # P00010000001

Jane Doe - Request submitted on 08/10/2021



Absence Number: P00010000001

Expected Return To Work Date: 09/04/2021 **Actual Return To Work Date:** 09/04/2021 **Contact Phone Number:** 1-833-622-0135

Associated Claim(s): <u>11010000001</u>

Employee ID: 1234567890

<u>610010000001</u>

Leave Tracking

| Absence Frequency | Absence Reason | Absence Event | Leave Request Start Date | Leave Request End Date | Leave Request Status | Leave Request Status Reason |
|---|--------------------------|---------------|--------------------------|------------------------|----------------------|-----------------------------|
| Intermittent | Child Bonding Standalone | Newborn | 08/02/2021 | 09/03/2021 | Approved | _ |
| Leave Program | Pr | rogram Status | | Program Status Reason | | Decision Days |
| Federal FMLA | Re | ejected | | Insufficient Evidence | | |
| Dana Farber Company | FML Re | ejected | | Lack of Time Available | | |
| MA Parental Leave 1 Ch | nild Ad | ccepted | | | | <u>View Program Details</u> |
| MA Parental Leave 2 Ch | nild+ Re | ejected | | Not Satisfied | | |
| MA PFML - Family | Ac | ccepted | | | | <u>View Program Details</u> |
| | | | | | | View Leave Request Details |
| Current Certification | า | | | | | |
| From 08/02/2021 To 08/05/2022, Certified For 0.0 hour(s) to 1.0 hour(s) per incident, at a frequency of 2.0 incident(s) per 1.0 week(s) | | | | | | |

Wage Protection

| Paid Leave Program | Claim Number | Benefit Start Date ? | Approved Through Date ② |
|---------------------------------------|--------------|--|--------------------------------|
| MA PFML - Family | 120000000001 | 08/02/2021 | 09/03/2021 |
| Payment Information | | | |
| Most Recent Payment | | | |
| Payment Date: 08/08/2021 | | Pay From: 08/02/2021 | Pay Through: 08/08/2021 |
| Payable To: Jane Doe | | Payment Method: Electronic Funds Transfer – Checking | Payment Amount: \$640.00 |
| Total Days Paid: 33 | | Total Weeks Paid: 4.71 | Total Paid To Date: \$2,560.00 |
| Upcoming Payment | | | |
| Next Payment Issue Date: ② 08/15/2021 | | | |
| <u>View Payment History</u> | | Benefit Details | |
| Dana Farber Company FML | 120000000002 | 08/02/2021 | 09/03/2021 |
| Payment Information | | | |
| Most Recent Payment | | | |
| Payment Date: 08/08/2021 | | Pay From: 08/02/2021 | Pay Through: 08/08/2021 |
| Payable To: Jane Doe | | Payment Method: Electronic Funds Transfer – Checking | Payment Amount: \$640.00 |
| Total Days Paid: 33 | | Total Weeks Paid: 4.71 | Total Paid To Date: \$2,560.00 |
| | | | |
| Upcoming Payment | | | |
| Next Payment Issue Date: ② 08/15/2021 | | | |

Additional Actions

Add Comment / Document Update Payment Method Update This Record Download This Absence Activity on the Absence Manage Claim / Time Off View Preferences Download Absence Forms View Older Absences



DASHBOARD

CLAIM CENTER

ENROLLMENT SERVICES

REPORT CENTER







6:00 AM

Claim Search / Absence Details

Absence # P00010000001

Jane Doe - Request submitted on 08/10/2021



Data As Of: 09/01/2021

Employee ID: 1234567890

Expected Return To Work Date: 09/04/2021

Absence Number: P00010000001

Actual Return To Work Date: 09/04/2021

Contact Phone Number: 1-833-622-0135

Associated Claim(s): <u>11010000001</u>

610010000001

Leave Tracking

| Absence Frequency | Absence Reason | Absence Event | Leave Request Start | Date | Leave Request End Date | Leave Request Status | Leave Request Status Reason |
|--------------------------|---------------------------------|------------------------------|--------------------------|-------------|-------------------------|----------------------|-----------------------------|
| Intermittent | Child Bonding Standalone | . Newborn | 08/02/2021 | | 09/03/2021 | Approved | |
| Leave Program | F | Program Status | | | Program Status Reason | | Decision Days |
| Federal FMLA | F | Rejected | | | Insufficient Evidence | | |
| Dana Farber Company | FML F | Rejected | | | Lack of Time Available | | |
| MA Parental Leave 1 Ch | nild A | Accepted | | | | | <u>View Program Details</u> |
| MA Parental Leave 2 Ch | nild+ F | Rejected | | | Not Satisfied | | |
| MA PFML - Family | A | Accepted | | | | | View Program Details |
| | | | | | | | View Leave Request Details |
| Current Certification | 1 | | | | | | |
| From 08/02/2021 To 08. | /05/2022, Certified For 0.0 hou | ur(s) to 1.0 hour(s) per ind | cident, at a frequency o | f 2.0 incid | dent(s) per 1.0 week(s) | | |
| Report Number: 02 | 28636 | Divis | sion Code/Sub-Code: | 0001 | | Branch/Sub-Point: | 0001 |

| Paid Leave Program | Claim Number | Benefit Start Date 🕐 | Approved Through Date 🔞 |
|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------|
| MA PFML - Family | 1200000001 | 08/02/2021 | 09/03/2021 |
| Payment Information | | · | |
| Most Recent Payment | | | |
| Payment Date: 08/08/2021 | Pay From: 08/0 | 2/2021 | Pay Through: 08/08/2021 |
| Payable To: Jane Doe | Payment Method: | Electronic Funds Transfer – Checking | Payment Amount: \$640.00 |
| Total Days Paid: 33 | Total Weeks Paid: | 4.71 | Total Paid To Date: \$2,560.00 |
| Upcoming Payment | | | |
| Next Payment Issue Date: ② 08/15/2 | 2021 | | |
| <u>View Payment History</u> | Benefit Details | | |
| Report Number: 0228636 | Division Code/Sub-Code: 0001 | Branch/Sub-Point: 0001 | Plan Code: PFL |
| MA PFML - Family | 12000000001 | 08/02/2021 | 09/03/2021 |
| Payment Information | | | |
| Most Recent Payment | | | |
| Payment Date: 08/08/2021 | Pay From: 08/0 | 2/2021 | Pay Through: 08/08/2021 |
| Payable To: Jane Doe | Payment Method: | Electronic Funds Transfer – Checking | Payment Amount: \$640.00 |
| Total Days Paid: 33 | Total Weeks Paid: | 4.71 | Total Paid To Date: \$2,560.00 |

Additional Actions

Upcoming Payment

View Payment History

Report Number: 0228636

Next Payment Issue Date: ② 08/15/2021

Activity on the Absence Update This Record Diary Notes

Benefit Details

0001

Download This Absence Add Comment / Document View / Contact My DCA

Correspondence View Employee Details

Division Code/Sub-Code:

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Branch/Sub-Point:

0001

Plan Code:

PFL

Jane Doe - Request submitted on 08/10/2021 **Disability & Absence** Solutions Data As Of: 09/01/2021 6:00 AM **Employee ID:** 1234567890 Absence Number: P00010000001 **Expected Return** 09/04/2021 to Work Date: Actual Return to 09/04/2021 Work Date: **Contact Phone** 1-833-622-0135 Number: **Associated Claim(s): 11010000001** 610010000001 **Leave Tracking**

MetLife

MetLife Event

MLE-111111

Absence

P00010000001

Claim Search / Absence Details

Absence Frequency Intermittent Child Bonding Standalone Absence Reason Absence Event Newborn Leave Request Start 08/02/2021 **Date** Leave Request End 09/03/2021 **Date**

Leave Request Status Approved

Federal FMLA

Rejected

Rejected

Accepted

Rejected

Not Satisfied

MA PFML - Family

View Program Details

View Leave Request

Accepted

Details

From 08/02/2021 To 08/05/2022, Certified For 0.0

Paid Leave Program MA PFML - Family

Benefit Start Date 2 08/02/2021

Approved Through 09/03/2021

Payment Information

Most Recent Payment

120000000001

08/02/2021

08/08/2021

08/08/2021

Jane Doe

Checking

\$640.00

33

4.71

Paid Leave Program Dana Farber Company **FML**

120000000002

08/02/2021

08/08/2021

08/08/2021

Jane Doe

Checking

\$640.00

33

Electronic Funds Transfer

Payment Method: Electronic Funds Transfer

hour(s) to 1.0 hour(s) per incident, at a frequency of

Insufficient Evidence

Dana Farber Company FML

Lack of Time Available

MA Parental Leave 1 Child

View Program Details

MA Parental Leave 2 Child+

Leave Request Status

Leave Program

Program Status

Program Status

Decision Days

Current Certification

2.0 incident(s) per 1.0 week(s)

Wage Protection

Claim Number

Date 🕜

Pay From:

Pay Through:

Payment Date:

Payment Amount:

Total Days Paid:

Total Weeks Paid:

Upcoming Payment

<u>View Payment History</u>

Benefit Details

Claim Number

Date 🕜

Pay From:

Pay Through:

Payment Date:

Payment Method:

Payment Amount:

Total Days Paid:

Total Weeks Paid: 4.71

Upcoming Payment

View Payment History

View Payment History

Additional Actions

Update This Record

<u>Update Payment Method</u>

Add Comment / Document

Activity on this Absence

Download This Absence

Manage Claim / Time Off

Download Absence Forms

MetLife

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28277 (except in NY), on policy form #5E-23-12, and

by Metropolitan Life Insurance Company, New York, NY 10166 (NY only), on policy form #1E-23-12-NY. Both are MetLife companies.

View Older Absences

View Preferences

Date: 🔞

Total Paid To Date: \$2,560.00

Next Payment Issue 08/15/2021

Payable To:

Date: 🔞

Total Paid To Date: \$2,560.00

Next Payment Issue 08/15/2021

Benefit Start Date 3 08/02/2021

Approved Through 09/03/2021

Payment Information

Most Recent Payment

Payable To:

Reason

Reason

Reason

Reason

Reason

Reason

Disability & Absence Solutions Data As Of: 09/01/2021 6:00 AM **Employee ID:** 1234567890 **Absence Number:** P00010000001 **Expected Return** 09/04/2021 to Work Date:

MetLife

Absence

P0001000001

Jane Doe - Request submitted on 08/10/2021

Claim Search / Absence Details

Actual Return to 09/04/2021 **Work Date: Contact Phone** 1-833-622-0135 Number:

Associated Claim(s): <u>11010000001</u> <u>610010000001</u>

Intermittent

Newborn

Federal FMLA

Insufficient Evidence

Dana Farber Company FML

Lack of Time Available

MA Parental Leave 1 Child

View Program Details

MA Parental Leave 2 Child+

Rejected

Rejected

Accepted

Rejected

Not Satisfied

MA PFML - Family

View Program Details

View Leave Request

Accepted

Details

From 08/02/2021 To 08/05/2022, Certified For 0.0

hour(s) to 1.0 hour(s) per incident, at a frequency of

0228636

0001

0001

Paid Leave Program MA PFML - Family

Benefit Start Date 3 08/02/2021

Approved Through 09/03/2021

Payment Information

Most Recent Payment

120000000001

08/02/2021

08/08/2021

08/08/2021

Jane Doe

- Checking

Electronic Funds Transfer

Child Bonding Standalone

Leave Tracking

Absence Frequency

Leave Request Start 08/02/2021

Leave Request End 09/03/2021

Leave Request Status Approved

Leave Request Status

Leave Program

Program Status

Program Status

Decision Days

Current Certification

Report Number:

Division Code/

Branch/Sub-Point:

Wage Protection

Claim Number

Date 🔞

Pay From:

Pay Through:

Payment Date:

Total Days Paid:

Payment Method:

Payment Amount: \$640.00

Total Weeks Paid: 4.71

Upcoming Payment

View Payment History

<u>View Payment History</u>

Report Number:

Division Code/

Branch/Sub-Point:

Sub-Code:

Plan Code:

Claim Number

Date 🔞

Pay From:

Pay Through:

Payment Date:

Payment Amount:

Total Weeks Paid:

Upcoming Payment

View Payment History

<u>View Payment History</u>

Division Code/

Sub-Code:

Plan Code:

Report Number: 0228636

Branch/Sub-Point: 0001

Additional Actions

Activity on this Absence

Add Comment / Document

Download This Absence

View / Contact My DCA

View Employee Details

MetLife

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by Metropolitan Life Insurance Company, New York, NY 10166 (NY only), on policy form #1E-23-12-NY. Both are MetLife companies.

<u>Correspondence</u>

Update This Record

Diary Notes

0001

FPL

Date: 🔞

Total Paid To Date: \$2,560.00

Next Payment Issue 08/15/2021

Total Days Paid:

Payable To:

Date: 🔞

Total Paid To Date: \$2,560.00

Next Payment Issue 08/15/2021

0228636

0001

0001

FPL

FML

120000000002

08/02/2021

08/08/2021

08/08/2021

Jane Doe

Checking

\$640.00

33

4.71

Payment Method: Electronic Funds Transfer

Paid Leave Program Dana Farber Company

Benefit Start Date ② 08/02/2021

Approved Through 09/03/2021

Payment Information

Most Recent Payment

33

Payable To:

Sub-Code:

2.0 incident(s) per 1.0 week(s)

Reason

Reason

Reason

Reason

Absence Reason

Absence Event

Date

Date

Reason

Reason

Claim Search / Absence Details

DASHBOARD



Data As Of: 09/01/2021

6:00 AM

CLAIM CENTER

ENROLLMENT SERVICES

REPORT CENTER

MetLife Event # MLE-111111

Absence # P00010000001

Jane Doe - Request submitted on 08/10/2021



Absence Number: P00010000001

Expected Return To Work Date: 09/04/2021 Actual Return To Work Date: 09/04/2021 **Contact Phone Number:** 1-833-622-0135

Associated Claim(s): <u>11010000001</u>

Employee ID: 1234567890

610010000001

Leave Tracking

| | Absence Frequency | Absence Reason | Absence Event | Leave Request Start Date | Leave Request End Date | Leave Request Status | Leave Request Status Reas | on |
|--|------------------------|--------------------------|-----------------------------------|--------------------------|------------------------|--|-----------------------------|----------|
| | Intermittent | Child Bonding Standalone | Newborn | 08/02/2021 | 09/03/2021 | Approved | | |
| | Leave Program | P | rogram Status | | Program Status Reason | | Decision Days | |
| | Federal FMLA | R | ejected | | Insufficient Evidence | | | |
| | Dana Farber Company | FML R | ejected | | Lack of Time Available | | | |
| | MA Parental Leave 1 Ch | nild A | ccepted | | | | <u>View Program Details</u> | |
| | MA Parental Leave 2 Ch | nild+ R | ejected | | Not Satisfied | | | |
| | MA PFML - Family | A | ccepted | | | | View Program Details | |
| | | | | | | | View Leave Request Details | <u>5</u> |
| | Current Certification | 1 | | | | | | |
| From 08/02/2021 To 08/05/2022, Certified For 0.0 hour(s) to 1.0 hour(s) per incident | | | dent, at a frequency of 2.0 incic | lent(s) per 1.0 week(s) | | efit payments (will/ e claim is approved as | | |
| | | | | | | | aimant continues to | |
| | | | | The date benefit na | yments begin. This | | definition of disability. | |
| | Wage Protection | n | | | t any applicable | · · | nange throughout the | |

elimination period per your plan **Claim Number Paid Leave Program** Benefit Start Date life of the claim. Approved Through Date 🗸

Total Paid To Date: \$2,560.00

MA PFML - Family 08/02/2021 09/03/2021 12000000001 **Payment Information Most Recent Payment Payment Date:** 08/08/2021 **Pay From:** 08/02/2021 **Pay Through:** 08/08/2021 **Payment Amount:** \$640.00 **Payable To:** Jane Doe **Payment Method:** Electronic Funds Transfer - Checking

4.71

Next Payment Issue Date: ② 08/15/2021

View Payment History Benefit Details

Dana Farber Company FML 120000000002 08/02/2021 09/03/2021

Total Weeks Paid:

Payment Information

Most Recent Payment

Total Days Paid: 33

Upcoming Payment

Payment Date: 08/08/2021 **Pay From:** 08/02/2021 **Pay Through:** 08/08/2021 **Payment Method:** Electronic Funds Transfer – Checking **Payable To:** Jane Doe Payment Amount: \$640.00 **Total Days Paid:** 33 **Upcoming Payment**

Next Payment Issue Date: ② 08/15/2021

View Payment History Benefit Details

Additional Actions

Update Payment Method Update This Record Add Comment / Document Download This Absence Activity on the Absence Manage Claim / Time Off View Preferences Download Absence Forms View Older Absences



Data As Of: 09/01/2021





6:00 AM

DASHBOARD

CLAIM CENTER

ENROLLMENT SERVICES

REPORT CENTER

Claim Search / Absence Details



Jane Doe - Request submitted on 08/10/2021

Disability & Absence Solutions

Absence Number: P00010000001

Expected Return To Work Date: 09/04/2021 **Actual Return To Work Date:** 09/04/2021 **Contact Phone Number:** 1-833-622-0135

Associated Claim(s): <u>11010000001</u>

Employee ID: 1234567890

610010000001

Leave Tracking

| Absence Frequency | Absence Reason | Absence Event | Leave Request Start Date | Leave Request End Date | Leave Request Status | Leave Request Status Reason |
|-------------------|--------------------------|---------------|--------------------------|------------------------|----------------------|-----------------------------|
| Intermittent | Child Bonding Standalone | Newborn | 08/02/2021 | 09/03/2021 | Approved | _ |

There are no Leave Programs currently present for this Leave Request. Please contact your Case Manager for additional details.

Additional Actions

Update Payment Method Update This Record Add Comment / Document

Activity on the Absence Manage Claim / Time Off Download This Absence

View Preferences Download Absence Forms View Older Absences











DASHBOARD

CLAIM CENTER

ENROLLMENT SERVICES

REPORT CENTER

Claim Search / Absence Details

MetLife Event # MLE-111111 **Absence # P00010000001**

Jane Doe - Request submitted on 08/10/2021

Actual Return To Work Date: 09/04/2021



Expected Return To Work Date: 09/04/2021

Data As Of: 09/01/2021

6:00 AM

Employee ID: 1234567890

Absence Number:

P00010000001

Contact Phone Number: 1-833-622-0135

Associated Claim(s): <u>11010000001</u>

610010000001

Leave Tracking

| Absence Frequency | Absence Reason | Absence Event | Leave Request Start Date | Leave Request End Date | Leave Request Status | Leave Request Status Reason |
|-------------------|--------------------------|---------------|--------------------------|------------------------|----------------------|-----------------------------|
| Intermittent | Child Bonding Standalone | Newborn | | | Approved | _ |
| | | | | | | |

Invalid Date(s) have been processed for this Leave Request. Please contact your Case Manager for additional details.

Additional Actions

Update Payment Method Update This Record Add Comment / Document

Activity on the Absence Download This Absence Manage Claim / Time Off

View Preferences Download Absence Forms View Older Absences



REPORT CENTER



Data As Of: 09/01/2021

6:00 AM

CLAIM CENTER ENROLLMENT SERVICES DASHBOARD

Claim Search / Absence Details

MetLife Event # MLE-111111

Absence # P00010000001

Jane Doe - Request submitted on 08/10/2021

Disability & Absence Solutions

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Venenatis cras sed felis eget. Fermentum dui faucibus in ornare quam viverra orci. Aliquet lectus proin nibh nisl. Id consectetur purus ut faucibus pulvinar elementum integer enim neque. Tincidunt dui ut ornare lectus sit amet. Dictumst vestibulum rhoncus est pellentesque elit ullamcorper. Enim ut tellus elementum sagittis vitae. Gravida rutrum quisque non tellus. Facilisi cras fermentum odio eu feugiat pretium nibh. Leo integer malesuada nunc vel risus

commodo viverra maecenas accumsan. Cursus mattis molestie a iaculis at erat. Eu augue ut lectus arcu. Suspendisse potenti nullam ac tortor. Accumsan sit amet nulla facilisi morbi tempus iaculis urna id.

Employee ID: 1234567890

Contact Phone Number: 1-833-622-0135 **Expected Return To Work Date:** 09/04/2021 Actual Return To Work Date: 09/04/2021

P00010000001

Absence Number:

Associated Claim(s): 11010000001

610010000001

Leave Tracking

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Venenatis cras sed felis eget. Fermentum dui faucibus in ornare quam viverra orci. Aliquet lectus proin nibh nisl. Id consectetur purus ut faucibus pulvinar elementum integer enim neque. Tincidunt dui ut ornare lectus sit amet. Dictumst vestibulum rhoncus est pellentesque elit ullamcorper. Enim ut tellus elementum sagittis vitae. Gravida rutrum quisque non tellus. Facilisi cras fermentum odio eu feugiat pretium nibh. Leo integer malesuada nunc vel risus commodo viverra maecenas accumsan. Cursus mattis molestie a iaculis at erat. Eu augue ut lectus arcu. Suspendisse potenti nullam ac tortor. Accumsan sit amet nulla facilisi morbi tempus iaculis urna id.

| Absence Frequency | Absence Reason | Absence Event | Leave Request Start Date | Leave Request End Date | Leave Request Status | Leave Request Status Reaso |
|---|--------------------------|---------------|--------------------------|------------------------|----------------------|-----------------------------------|
| Intermittent | Child Bonding Standalone | Newborn | 08/02/2021 | 09/03/2021 | Approved | _ |
| Leave Program | Pr | ogram Status | | Program Status Reason | | Decision Days |
| Federal FMLA | Re | ejected | | Insufficient Evidence | | |
| Dana Farber Company | FML Re | ejected | | Lack of Time Available | | |
| MA Parental Leave 1 Ch | nild Ad | ccepted | | | | <u>View Program Details</u> |
| MA Parental Leave 2 Ch | nild+ Re | ejected | | Not Satisfied | | |
| MA PFML - Family | Ad | ccepted | | | | <u>View Program Details</u> |
| | | | | | | <u>View Leave Request Details</u> |
| Current Certification | 1 | | | | | |
| From 08/02/2021 To 08/05/2022, Certified For 0.0 hour(s) to 1.0 hour(s) per incident, at a frequency of 2.0 incident(s) per 1.0 week(s) | | | | | | |

Wage Protection

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Venenatis cras sed felis eget. Fermentum dui faucibus in ornare quam viverra orci. Aliquet lectus proin nibh nisl. Id consectetur purus ut faucibus pulvinar elementum integer enim neque. Tincidunt dui ut ornare lectus sit amet. Dictumst vestibulum rhoncus est pellentesque elit ullamcorper. Enim ut tellus elementum sagittis vitae. Gravida rutrum quisque non tellus. Facilisi cras fermentum odio eu feugiat pretium nibh. Leo integer malesuada nunc vel risus commodo viverra maecenas accumsan. Cursus mattis molestie a iaculis at erat. Eu augue ut lectus arcu. Suspendisse potenti nullam ac tortor. Accumsan sit amet nulla facilisi morbi tempus iaculis urna id.

| Paid Leave Program | Claim Number | Benefit Start Date 3 | Approved Through Date ? |
|---------------------------------------|--------------|--|--------------------------------|
| MA PFML - Family | 12000000001 | 08/02/2021 | 09/03/2021 |
| Payment Information | | | |
| Most Recent Payment | | | |
| Payment Date: 08/08/2021 | Pay | rom: 08/02/2021 | Pay Through: 08/08/2021 |
| Payable To: Jane Doe | Pay | ent Method: Electronic Funds Transfer – Checking | Payment Amount: \$640.00 |
| Total Days Paid: 33 | Tota | Weeks Paid: 4.71 | Total Paid To Date: \$2,560.00 |
| Upcoming Payment | | | |
| Next Payment Issue Date: ② 08/15/2021 | | | |
| <u>View Payment History</u> | Ben | <u>efit Details</u> | |
| Dana Farber Company FML | 120000000002 | 08/02/2021 | 09/03/2021 |
| Payment Information | | · · · · · · · · · · · · · · · · · · · | |
| Most Recent Payment | | | |
| Payment Date: 08/08/2021 | Pay | rom: 08/02/2021 | Pay Through: 08/08/2021 |
| Payable To: Jane Doe | Pay | ent Method: Electronic Funds Transfer – Checking | Payment Amount: \$640.00 |
| Total Days Paid: 33 | Tota | Weeks Paid: 4.71 | Total Paid To Date: \$2,560.00 |
| Upcoming Payment | | | |
| Next Payment Issue Date: ② 08/15/2021 | | | |
| <u>View Payment History</u> | Ren | fit Details | |

Additional Actions

Update Payment Method Update This Record Activity on the Absence Manage Claim / Time Off Download This Absence View Preferences Download Absence Forms View Older Absences

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Add Comment / Document

P00010000001 Jane Doe - Request submitted on 08/10/2021 Disability & Absence Solutions Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Venenatis cras sed felis eget. Fermentum dui faucibus in ornare quam viverra orci. Aliquet lectus proin nibh nisl. Id consectetur purus ut faucibus pulvinar elementum integer enim neque. Tincidunt dui ut ornare lectus sit amet. Dictumst vestibulum rhoncus est pellentesque elit ullamcorper. Enim ut tellus elementum sagittis vitae. Gravida rutrum guisque non tellus. Facilisi cras fermentum odio eu feugiat pretium

MetLife

MetLife Event

MLE-111111

Absence

Claim Search / Absence Details

nibh. Leo integer malesuada nunc vel risus commodo viverra maecenas accumsan. Cursus mattis molestie a iaculis at erat. Eu augue ut lectus arcu. Suspendisse potenti nullam ac tortor. Accumsan sit amet nulla facilisi morbi tempus iaculis urna id. Data As Of: 09/01/2021 6:00 AM **Employee ID:** 1234567890 Absence Number: P00010000001 **Expected Return** 09/04/2021 to Work Date: **Actual Return to** 09/04/2021 Work Date:

1-833-622-0135

11010000001

610010000001

Lorem ipsum dolor sit amet, consectetur adipiscing elit,

magna aliqua. Venenatis cras sed felis eget. Fermentum

dui faucibus in ornare quam viverra orci. Aliquet lectus

pulvinar elementum integer enim neque. Tincidunt dui ut ornare lectus sit amet. Dictumst vestibulum rhoncus

elementum sagittis vitae. Gravida rutrum quisque non tellus. Facilisi cras fermentum odio eu feugiat pretium nibh. Leo integer malesuada nunc vel risus commodo viverra maecenas accumsan. Cursus mattis molestie a

iaculis at erat. Eu augue ut lectus arcu. Suspendisse

morbi tempus iaculis urna id.

Absence Frequency

Leave Request Start 08/02/2021

Leave Request Status Approved

Absence Reason

Absence Event

Leave Request End

Leave Request Status

Leave Program

Program Status

Program Status

Decision Days

Current Certification

2.0 incident(s) per 1.0 week(s)

Wage Protection

Reason

Reason

Reason

Reason

Reason

Date

Date

Reason

potenti nullam ac tortor. Accumsan sit amet nulla facilisi

Intermittent

Newborn

09/03/2021

Federal FMLA

Insufficient Evidence

Dana Farber Company FML

MA Parental Leave 1 Child

View Program Details

MA Parental Leave 2 Child+

Rejected

Rejected

Accepted

Rejected

Not Satisfied

MA PFML - Family

View Program Details

View Leave Request

Accepted

Details

From 08/02/2021 To 08/05/2022, Certified For 0.0

hour(s) to 1.0 hour(s) per incident, at a frequency of

Lorem ipsum dolor sit amet, consectetur adipiscing elit,

magna aliqua. Venenatis cras sed felis eget. Fermentum

dui faucibus in ornare quam viverra orci. Aliquet lectus

pulvinar elementum integer enim neque. Tincidunt dui ut ornare lectus sit amet. Dictumst vestibulum rhoncus

elementum sagittis vitae. Gravida rutrum quisque non tellus. Facilisi cras fermentum odio eu feugiat pretium nibh. Leo integer malesuada nunc vel risus commodo

viverra maecenas accumsan. Cursus mattis molestie a

potenti nullam ac tortor. Accumsan sit amet nulla facilisi

MA PFML - Family

120000000001

09/03/2021

08/02/2021

08/08/2021

08/08/2021

Jane Doe

- Checking

Electronic Funds Transfer

iaculis at erat. Eu augue ut lectus arcu. Suspendisse

morbi tempus iaculis urna id.

Benefit Start Date 2 08/02/2021

Payment Information

Most Recent Payment

Paid Leave Program

Claim Number

Approved Through

Date 🔞

Pay From:

Pay Through:

Payment Date:

Payment Method:

Total Days Paid:

Payment Amount: \$640.00

Total Weeks Paid: 4.71

Upcoming Payment

<u> View Payment History</u>

Benefit Details

Claim Number

Date 🔞

Pay From:

Pay Through:

Payment Date:

Payment Method:

Payment Amount:

Total Days Paid:

Total Weeks Paid:

Upcoming Payment

<u>View Payment History</u>

<u>View Payment History</u>

Additional Actions

<u>Update This Record</u>

<u>Update Payment Method</u>

<u>Add Comment / Document</u>

Activity on this Absence

Download This Absence

<u>Manage Claim / Time Off</u>

Download Absence Forms

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MetLife Insurance Company USA, Charlotte, NC, 28277 (except in NY), on policy form #5E-23-12, and

by Metropolitan Life Insurance Company, New York, NY 10166 (NY only), on policy form #1E-23-12-NY.

Both are MetLife companies.

View Older Absences

View Preferences

Date: 🔞

Total Paid To Date: \$2,560.00

Next Payment Issue 08/15/2021

Payable To:

Date: 🔞

Total Paid To Date: \$2,560.00

Next Payment Issue 08/15/2021

Benefit Start Date 2 08/02/2021

Approved Through 09/03/2021

Payment Information

Most Recent Payment

Paid Leave Program Dana Farber Company **FML**

120000000002

08/02/2021

08/08/2021

08/08/2021

Jane Doe

Checking

\$640.00

33

4.71

Electronic Funds Transfer

33

Payable To:

proin nibh nisl. Id consectetur purus ut faucibus

est pellentesque elit ullamcorper. Enim ut tellus

sed do eiusmod tempor incididunt ut labore et dolore

Lack of Time Available

Child Bonding Standalone

proin nibh nisl. Id consectetur purus ut faucibus

est pellentesque elit ullamcorper. Enim ut tellus

sed do eiusmod tempor incididunt ut labore et dolore

Contact Phone

Associated Claim(s):

Leave Tracking

Number:

Program Decision Days

Employee: Jane Doe Absence #: P00010000001

Program:MA PMFL - FamilyAbsence Reason:Child Bonding StandaloneReason Qualifier:Newborn

Leave Request Start Date: 08/02/2021 Leave Request End Date: 09/03/2021

| Time Requested | Time Deducted | Leave Request Date | Decision | Reason |
|----------------|---------------|--------------------|----------|------------------------|
| 8.00 Hours | 8.00 Hours | 08/02/2021 | Approved | Leave Request Approved |
| 8.00 Hours | 8.00 Hours | 08/03/2021 | Approved | Leave Request Approved |
| 8.00 Hours | 8.00 Hours | 08/04/2021 | Approved | Leave Request Approved |
| 8.00 Hours | 8.00 Hours | 08/05/2021 | Approved | Leave Request Approved |
| 8.00 Hours | 8.00 Hours | 08/06/2021 | Approved | Leave Request Approved |
| 8.00 Hours | 8.00 Hours | 08/07/2021 | Approved | Leave Request Approved |
| 8.00 Hours | 8.00 Hours | 08/08/2021 | Approved | Leave Request Approved |
| 8.00 Hours | 8.00 Hours | 08/09/2021 | Approved | Leave Request Approved |
| 8.00 Hours | 8.00 Hours | 08/10/2021 | Approved | Leave Request Approved |
| 8.00 Hours | 8.00 Hours | 08/11/2021 | Approved | Leave Request Approved |

Total Records: 25



Show 10 results per page

Leave Request Decision Days

Employee: Jane Doe Absence #: P00010000001

Absence Reason: Child Bonding Standalone Reason Qualifier: Newborn

Leave Request Start Date:08/02/2021Leave Request End Date:09/03/2021

| Program | Time Requested | Time Deducted | Leave Request Date | Decision | Reason |
|---------------------------|----------------|---------------|--------------------|----------|------------------------|
| MA PFML - Family | 8.00 Hours | 8.00 Hours | 08/02/2021 | Approved | Leave Request Approved |
| MA Parental Leave 1 Child | 8.00 Hours | 8.00 Hours | 08/03/2021 | Approved | Leave Request Approved |
| MA PFML - Family | 8.00 Hours | 8.00 Hours | 08/04/2021 | Approved | Leave Request Approved |
| MA Parental Leave 1 Child | 8.00 Hours | 8.00 Hours | 08/05/2021 | Approved | Leave Request Approved |
| MA PFML - Family | 8.00 Hours | 8.00 Hours | 08/06/2021 | Approved | Leave Request Approved |
| MA Parental Leave 1 Child | 8.00 Hours | 8.00 Hours | 08/07/2021 | Approved | Leave Request Approved |
| MA PFML - Family | 8.00 Hours | 8.00 Hours | 08/08/2021 | Approved | Leave Request Approved |
| MA Parental Leave 1 Child | 8.00 Hours | 8.00 Hours | 08/09/2021 | Approved | Leave Request Approved |
| MA PFML - Family | 8.00 Hours | 8.00 Hours | 08/10/2021 | Approved | Leave Request Approved |
| MA Parental Leave 1 Child | 8.00 Hours | 8.00 Hours | 08/11/2021 | Approved | Leave Request Approved |

Total Records: 50



DOWNLOAD

Show 10 results per page

Activity On This Absence

Employee: Jane Doe Absence #: P00010000001

| Date and Time | Activity | Description |
|---------------------|----------------------------|--|
| 08/28/2021 10:01 PM | Absence Approved | The status was updated from Pending to Approved |
| 08/28/2021 2:20 PM | Absence Start Date Updated | The date was updated from 16-JUL-21 to 02-AUG-21 |
| 08/26/2021 11:54 AM | New Certification | Updated Certification Received |
| 08/10/2021 9:00 AM | New Absence Submitted | |

Total Records: 4

Show 10 results per page

X

Paid Leave Program: MA PFML - Family

Employee: Jane Doe Absence #: P00010000001

 Claim Number:
 120000000001
 Benefit Start Date:
 08/02/2021
 Approved Through Date:
 09/03/2021

| Pay From | Pay Through | Payable To | Payment Method | Payment Amount |
|------------|-------------|------------|--------------------------------------|----------------|
| 08/02/2021 | 08/09/2021 | Jane Doe | Electronic Funds Transfer – Checking | \$640.00 |
| 08/09/2021 | 08/15/2021 | Jane Doe | Electronic Funds Transfer – Checking | \$640.00 |
| 08/15/2021 | 08/22/2021 | Jane Doe | Electronic Funds Transfer – Checking | \$640.00 |
| 08/22/2021 | 08/29/2021 | Jane Doe | Electronic Funds Transfer – Checking | \$640.00 |

Total Records: 4

Show 10 results per page

Paid Leave Program: Dana Farber Company FML

Employee: Jane Doe Absence #: P00010000001

 Claim Number:
 12000000002
 Benefit Start Date:
 08/02/2021
 Approved Through Date:
 09/03/2021

| Pay From | Pay Through | Payable To | Payment Method | Payment Amount |
|------------|-------------|------------|--------------------------------------|----------------|
| 08/02/2021 | 08/09/2021 | Jane Doe | Electronic Funds Transfer – Checking | \$640.00 |
| 08/09/2021 | 08/15/2021 | Jane Doe | Electronic Funds Transfer – Checking | \$640.00 |
| 08/15/2021 | 08/22/2021 | Jane Doe | Electronic Funds Transfer – Checking | \$640.00 |
| 08/22/2021 | 08/29/2021 | Jane Doe | Electronic Funds Transfer – Checking | \$640.00 |

Total Records: 4

Show 10 results per page



Benefit Details

If any information within the Benefit Details requires an update, please either contact MetLife or make a submission via the Add Comment / Document feature

Paid Leave Program: MA PFML - Family

Claim Number: 120000000001

Benefit Start Date: 08/02/2021

Approved Through Date: 09/03/2021

Insurance Effective Date: 08/09/2021

Job Class: 5120002

Job Title: Lab Assisstant

Work State: Massachusetts

Number of Federal Exemptions: 0

Salary: \$640.00

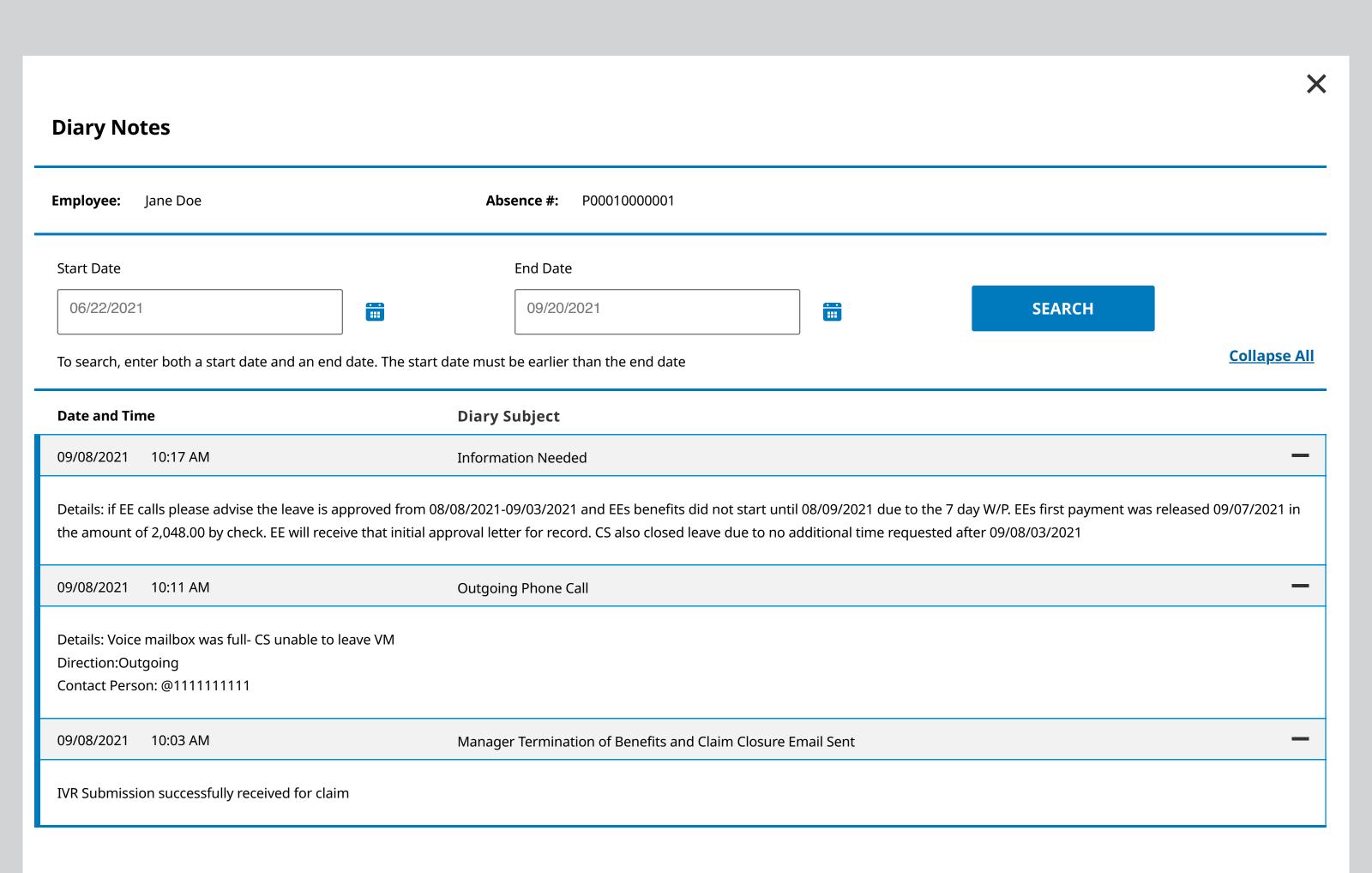
Salary Frequency: Weekly

Salary Hours: 40

Base Benefit: \$0

Contribution Rate: 100

CLOSE



Correspondence

| Employee: Jane Doe | | Absence #: P00010000001 | | | |
|---|--------------------|--------------------------------------|--|--------|--|
| Start Date | | End Date | | | |
| 06/22/2021 | | 09/20/2021 | | SEARCH | |
| To search, enter both a start date and an end | date. The start da | te must be earlier than the end date | | | |
| Date | Document Type | | | | |
| 09/08/2021 | | Closure Letter Sent | | | |

| Date | Document Type |
|----------------|---|
| 09/08/2021 | Closure Letter Sent |
| 09/08/2021 | Manage Termination of Benefits and Claim Closure Email Sent |
| 09/08/2021 | Closure Letter Sent |
| 09/08/2021 | Manage Termination of Benefits and Claim Closure Email Sent |
| 08/30/2021 | Decision Letter Sent |
| 08/30/2021 | Manager Leave Decision Email Sent |



Add Comment / Document

| First Name |
|-------------------------|
| |
| Last Name |
| |
| Sender's Email |
| |
| Subject |
| |
| Phone Number |
| |
| Write your message here |
| |
| |
| |
| |
| |

Whats this?

Add a Document (optional)

Click the ADD FILE button to select a file to attach.

Acceptable file types: doc, docx, pdf, tiff, tif, txt, jpeg, jpg, rtf (max combined 4MB)

Drag and drop a file from your computer or browse to add a file



Add/Update Bank Account

| Account Type |
|-------------------------------|
| ROUTING NUMBER ACCOUNT NUMBER |
| Bank Routing Number |
| Bank Account Number |
| Confirm Bank Account Number |

Electronic Signature

I have completed and reviewed the information above and declare that all information given is true and complete to the best of my knowledge and belief.

I understand that by entering my information below and clicking the "Submit" button, I am signing and submitting the Direct Deposit form to Metropolitan Life Insurance Company. This is a legally binding electronic signature.

Please reconfirm MyBenefits password

Enter You MyBenefits Password

<u>Cancel</u>

SUBMIT



Add/Update **Bank Account**

Success! You updated your Direct Deposit.

What to expect next: Your direct deposit will typically begin within 30 days of our notification to your bank . If you changed from check to direct deposit you may still receive checks by mail. Once direct deposit begins, your funds will be deposited in you bank account and be available to you within 4-5 business days.

If you have any questions call our Customer Response Center at the number provided below. Representatives are available Monday through Friday from 8:00 am to 11:00 pm EST.

1800-638-2242

Below are your direct Deposit Details:

Bank Name: TD Bank

Routing Number: 123456789

Account Number: 0987654321

CLOSE

Update This Record

Profile Information (All fields are required unless stated) Prefix (Optional) **Claimant First Name JANE** Middle Initial (Optional) Claimant Last Name DOE Gender Nonbinary Female Male - Marital Status -SINGLE **Date of Birth** 01/01/1997 Employee ID 0000000123 Address (All fields are required unless stated) Street Address 1 1 MAIN STREET Street Address 2 (Optional) Street Address 3 (Optional) City -HYDE PARK -State -MASSACHUSETTS - Zip Code -02136 Phone Number -1112223333 Date of Hire -03/22/2021 **Employment Information** Actual Return to Work Date 09/04/2021 Salary -\$640.00 - First Day Absent -08/02/2021 - Hours Per Week -40.0 Hours Worked Over the Past 12 **Modesths**

NEXT

<u>Cancel</u>

MetLife Event # MLE-111111

Absence # P00010000001

Jane Doe - Request submitted on 08/10/2021

Data As Of: 09/01/2021

6:00 AM

Disability & Absence Solutions

Absence Number: P00010000001

Associated Claim(s): <u>11010000001</u>

Employee ID: 1234567890

<u>610010000001</u>

Leave Tracking

| Absence Frequency | Absence Reason | Absence Event | Leave Request Start Date | Leave Request End Date | Leave Request Status | Leave Request Status Reason |
|------------------------|---------------------------------|-----------------------------|------------------------------------|-------------------------|----------------------|-----------------------------|
| Intermittent | Child Bonding Standalone | Newborn | 08/02/2021 | 09/03/2021 | Approved | |
| Leave Program | Pı | rogram Status | | Program Status Reason | | Decision Days |
| Federal FMLA | Re | ejected | | Insufficient Evidence | | |
| Dana Farber Company | FML Re | ejected | | Lack of Time Available | | |
| MA Parental Leave 1 Ch | nild Ad | ccepted | | | | <u>View Program Details</u> |
| MA Parental Leave 2 Ch | nild+ Re | ejected | | Not Satisfied | | |
| MA PFML - Family | Ad | ccepted | | | | <u>View Program Details</u> |
| | | | | | | View Leave Request Details |
| Current Certification | า | | | | | |
| From 08/02/2021 To 08 | /05/2022, Certified For 0.0 hou | r(s) to 1.0 hour(s) per inc | cident, at a frequency of 2.0 inci | dent(s) per 1.0 week(s) | | |

Wage Protection

| Paid Leave Program | Claim Number | Benefit Start Date 🔞 | Approved Through Date 🔞 |
|---|--------------|--|--------------------------------|
| MA PFML - Family | 120000000001 | 08/02/2021 | 09/03/2021 |
| Payment Information | | · · · · · · · · · · · · · · · · · · · | |
| Most Recent Payment | | | |
| Payment Date: 08/08/2021 | | Pay From: 08/02/2021 | Pay Through: 08/08/2021 |
| Payable To: Jane Doe | | Payment Method: Electronic Funds Transfer – Checking | Payment Amount: \$640.00 |
| Total Days Paid: 33 | | Total Weeks Paid: 4.71 | Total Paid To Date: \$2,560.00 |
| Upcoming Payment | | | |
| Next Payment Issue Date: ② 08/15/2021 | | | |
| <u>View Payment History</u> | | | |
| Dana Farber Company FML | 120000000002 | 08/02/2021 | 09/03/2021 |
| Payment Information | | | |
| Most Recent Payment | | | |
| Payment Date: 08/08/2021 | | Pay From: 08/02/2021 | Pay Through: 08/08/2021 |
| Payable To: Jane Doe | | Payment Method: Electronic Funds Transfer – Checking | Payment Amount: \$640.00 |
| Total Days Paid: 33 | | Total Weeks Paid: 4.71 | Total Paid To Date: \$2,560.00 |
| Upcoming Payment | | | |
| Next Payment Issue Date: ② 08/15/2021 | | | |
| 110/10 1 dy 110/10 2000 2 doct 0 00/10/2021 | | | |

Absence # P00010000001

Jane Doe - Request submitted on 08/10/2021

Data As Of: 09/01/2021 6:00 AM



Absence Number: P00010000001

Associated Claim(s): <u>11010000001</u>

Employee ID: 1234567890

<u>610010000001</u>

Leave Tracking

| Absence Frequency | Absence Reason | Absence Event | Leave Request Start | Date Leave Reques | t End Date Leave Request Status | Leave Request Status Reason |
|------------------------|--------------------------------|------------------------------|-------------------------|------------------------------|---------------------------------|-----------------------------|
| Intermittent | Child Bonding Standalone | Newborn | 08/02/2021 | 09/03/2021 | Approved | |
| | | | | | | |
| Leave Program | Р | rogram Status | | Program Statu | s Reason | Decision Days |
| Federal FMLA | R | ejected | | Insufficient Evid | dence | |
| Dana Farber Company l | FML R | ejected | | Lack of Time Av | railable | |
| MA Parental Leave 1 Ch | ild A | ccepted | | | | <u>View Program Details</u> |
| MA Parental Leave 2 Ch | ild+ R | ejected | | Not Satisfied | | |
| MA PFML - Family | А | ccepted | | | | <u>View Program Details</u> |
| | | | | | | View Leave Request Details |
| Current Certification | 1 | | | | | |
| From 08/02/2021 To 08/ | 05/2022, Certified For 0.0 hou | ır(s) to 1.0 hour(s) per inc | ident, at a frequency o | f 2.0 incident(s) per 1.0 we | eek(s) | |
| Report Number: 02 | 28636 | Divisi | ion Code/Sub-Code: | 0001 | Branch/Sub-Point: | 0001 |

Wage Protection

| Paid Leave Program | Claim Number | Benefit Start Date ? | Approved Through Date ? |
|---|-------------------------------------|--|--------------------------------|
| MA PFML - Family | 12000000001 | 08/02/2021 | 09/03/2021 |
| Payment Information | | | |
| Most Recent Payment | | | |
| Payment Date: 08/08/2021 | Pay From: 0 | 8/02/2021 | Pay Through: 08/08/2021 |
| Payable To: Jane Doe | Payment Meth | od: Electronic Funds Transfer – Checking | Payment Amount: \$640.00 |
| Total Days Paid: 33 | Total Weeks Pa | id: 4.71 | Total Paid To Date: \$2,560.00 |
| Upcoming Payment | | | |
| Next Payment Issue Date: ② 08/15/20 |)21 | | |
| <u>View Payment History</u> | | | |
| Report Number: 0228636 | Division Code/Sub-Code: 0001 | Branch/Sub-Point: 0001 | Plan Code: PFL |
| MA PFML - Family | 12000000001 | 08/02/2021 | 09/03/2021 |
| Payment Information | | | |
| Most Recent Payment | | | |
| Payment Date: 08/08/2021 | Pay From: 0 | 8/02/2021 | Pay Through: 08/08/2021 |
| Payable To: Jane Doe | Payment Meth | od: Electronic Funds Transfer – Checking | Payment Amount: \$640.00 |
| Total Days Paid: 33 | Total Weeks Pa | id: 4.71 | Total Paid To Date: \$2,560.00 |
| Upcoming Payment | | | |
| | | | |
| Next Payment Issue Date: ② 08/15/20 | 21 | | |
| Next Payment Issue Date: ② 08/15/20 <u>View Payment History</u> | 21 | | |