

MetLink® User Authorization

For Office Use Only:

- Dental
- Disability
- List Bill

Please complete form for each User authorized by the Customer. All fields are **mandatory** (except broker fields if not applicable)
The Customer must be HIPAA certified in order to allow any users to review dental claims.

Please return form to:	Attention: Administration P.O. Box 14593 Lexington, KY 40512-4593	OR	Fax: 888-505-7446
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Customer Name: _____ **Group Number:** _____

AUTHORIZATION DETAILS (The group customer must authorize access, not the broker or other third party):

Authorized Customer Representative Name: _____	Email: _____
Title: _____	Phone #: _____
Signature: _____	

Is the user a Broker?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please answer the following questions:
a. Name of Brokerage: _____			
b. If you are currently a MetLink user please provide your User ID: _____			

USER DETAILS:

Name of User: _____

Email Address: _____ **Business Phone:** _____

Business Address of User: _____

City: _____ **State:** _____ **Zip:** _____

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The following MetLink® Features will be assigned to all users (unless noted in the comments section below):

Feature	Notes
Enrollment and Eligibility	Both Update and Inquiry will be assigned. Indicate in the comments section below if user should have inquiry access only, and/or if access only to one or more divisions should be granted
Resources	User Guide and Legislative Releases
Dental Claim Inquiry *	Access will only be given if you have dental insurance
Online List Billing	Access will only be given if you are a list bill customer. Indicate in the comments section below if user should have inquiry access only, and/or if access only to one or more divisions should be granted
STD/LTD Disability Claim Inquiry and Online Filing (Intake)	Both Update and Inquiry will be assigned. Indicate in the comments section below if user should have inquiry access only, and/or if access only to one or more divisions should be granted
Statement of Health	SOH Underwriting Amounts will be displayed by default for every user. Indicate in the comments section below if Underwriting Amounts should NOT be displayed for this user. [Admin Set-up Team: Choose the "Yes" option in Admin Lite to add the SOH feature with Underwriting Amounts displayed. Otherwise choose the "Yes/Suppress Underwriting Amounts" option to add the SOH feature and prevent Underwriting amounts from being displayed.]

Note: I understand that my company must comply with all HIPAA requirements as well as become certified with the MetLife Family of Companies*in order to obtain access to the Dental Claim Inquiry feature.

Please note any exceptions or comments below:

*Dental HMO plans in CA, FL and TX are available through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies.

MetLink shall only be used by authorized MetLife group customers, and their authorized Employees and/or Agent. The use of MetLink must be in accordance with the terms and conditions of the applicable MetLink notices, applications, authorizations and/or agreements and in compliance with all applicable laws. Users shall maintain in strictest confidence and not improperly use or disclose any private, personal or other confidential information of any person obtained through MetLink. Such information will be accessed only for the purposes of administration of benefits plan/program, policyholder service functions, reporting functions, auditing functions, to assist in the administration of a customer dispute or inquiry and any other insurance or benefit function authorized by MetLife.