

MetLife®

MetLink®

**MetLink® User Authorization**

*Please read this form and for each user complete all items, check applicable boxes, and submit to MetLife.*

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**Customer Name:** \_\_\_\_\_ **Customer Number:** \_\_\_\_\_

*Please provide the information below for each User authorized by the Customer.*

**User Name:** \_\_\_\_\_

**Is the above user a broker?**  No  Yes **If yes, please have customer authorize by signing below:**

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**Company Name:** \_\_\_\_\_

**Business Address of User:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Business Email Address:** \_\_\_\_\_

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**Access requested to MetLink® Web site for:**

- Dental Claims Inquiry
  - Disability Claims Inquiry
  - Disability Claim Form
  - Enrollment/Eligibility (Select 1 choice below)
    - Update and Inquiry
    - Inquiry Only
  - List Billing\* (Select 1 choice below)
    - All Divisions (can see entire bill)
    - Specific Divisions (partial bill) \_\_\_\_\_
- \* List billing has enhanced security to limit users to view only specific divisions or all divisions.