

Financial Index for Claim# \_\_\_\_\_

**AUTHORIZATION TO REFER ME TO A  
LAW FIRM FOR ASSISTANCE IN PURSUING  
SOCIAL SECURITY INSURANCE BENEFITS**

I understand that Metropolitan Life Insurance Company ("MetLife") may refer me to a law firm that specializes in obtaining Social Security Disability Insurance benefits during the course of my claim for disability benefits under my employer's disability benefit plan to assist me in pursuing Social Security Disability Insurance benefits.

I understand that as a result of any referral, I may be contacted by a law firm, but I am under no obligation to retain a law firm's services to pursue Social Security Disability Insurance benefits.

Therefore, to assist me in pursuing Social Security Disability Insurance benefits, I authorize MetLife to make a referral and disclose to a law firm that specializes in obtaining Social Security Disability Insurance benefits the following information: my name, address, telephone number, and Social Security number; the status of my claim (if any) for Social Security Disability Insurance benefits; and the fact that I have a claim for disability benefits under my employer's disability benefit plan, the claim number for such claim, and the identity of my employer.

I understand that I may revoke this authorization at any time by writing to MetLife Disability at P.O. Box 14590, Lexington, KY 40511-4590. If I do not, it will be valid for 12 months.

A photocopy of this authorization is as valid as the original form and I have a right to receive a copy of this authorization on request.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Please sign & mail this form directly to:

Metropolitan Life Insurance Company  
MetLife Disability  
P.O. Box 14590  
Lexington, KY 40511  
Fax: 1-800-230-9531