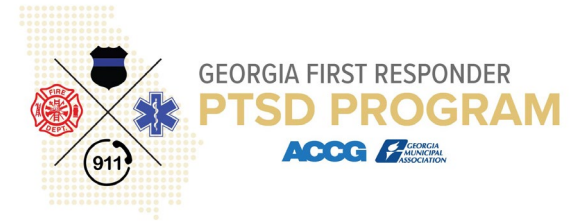
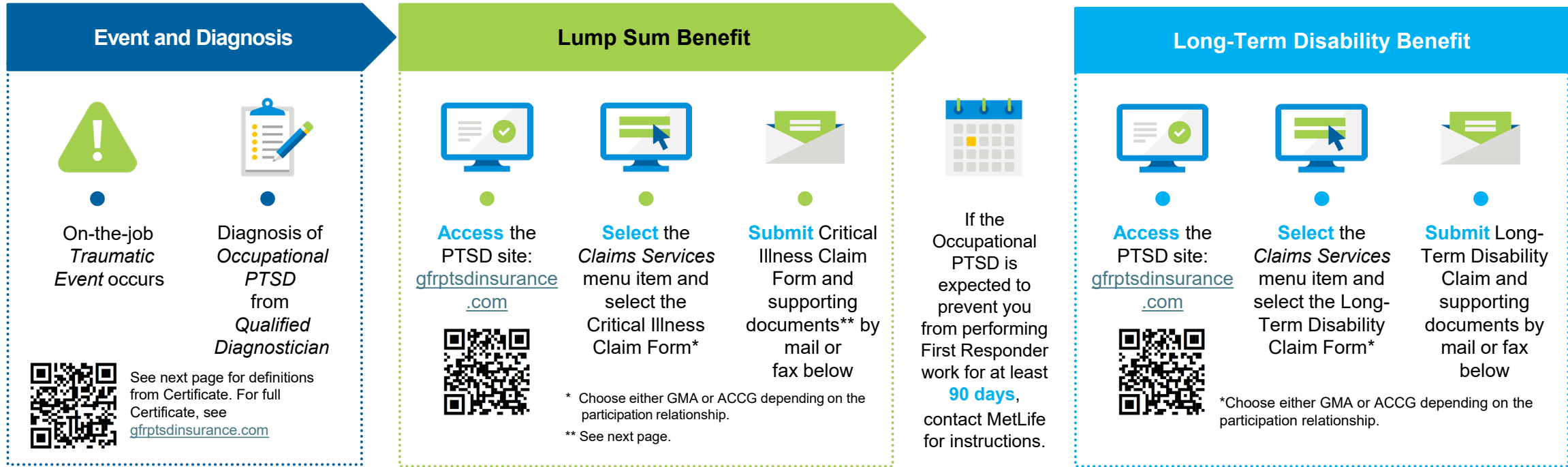


# Georgia First Responders PTSD Program

## Claim Submission Roadmap



Submitting a PTSD claim begins as a claim submission under MetLife's Critical Illness Insurance plan for the lump-sum benefit. If the Occupational PTSD is expected to prevent you from performing first responder work for at least 90 days, contact MetLife for help preparing your claim for long-term disability benefits.



**Mail to:**  
Cancer/Critical Illness  
Insurance Products  
P.O. Box 80826  
Lincoln, NE 68501-0826

**Fax to:**  
1-866-626-3705  
**Phone:**  
1-888-262-6842

**Mail to:**  
MetLife Disability  
PO Box 14590  
Lexington KY 40512-4590

**Fax to:**  
1-800-230-9531  
**Phone:**  
1-888-262-6842

# Excerpts from Certificate with Claim Form Notes



*The full Certificate is posted at [gfrptsdinsurance.com](http://gfrptsdinsurance.com).*

**Qualified Diagnostician** means a physician, psychiatrist, or psychologist who is duly authorized to practice in Georgia who is certified in a medical specialty appropriate for trauma related mental health diagnoses. **This is the “Physician” you should identify in the Claim Forms.**

**Occupational Post-Traumatic Stress Disorder (PTSD) Covered Condition** means that a Covered Person has a mental health disorder that is the direct result of an exposure to a Traumatic Event which takes place during the normal course of the Covered Person’s regular occupational or voluntary duties on behalf of: the Public Entity named on the Participating Entity Specifications page or another Public Entity for whom the Covered Person performs first responder services as a volunteer while employed by the Public Entity named on the Participating Entity Specifications page. The post-traumatic stress disorder must satisfy the clinical diagnostic criteria set forth in the edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in effect on January 1, 2024. **Ask the Qualified Diagnostician for the medical records related to your diagnosis and attach them to your Critical Illness Claim Form. Sample Request: “My employer offers benefits for Occupational PTSD. Please provide me a copy of the medical records related to my PTSD diagnosis.” If this is an undue burden, submit the Claim Form without these records.**

**Traumatic Event** means a Covered Person experiences an exposure to actual or threatened death, serious injury, or sexual violence. Such event must occur on or after July 1, 2024 and during the normal course of the First Responder’s regular occupational or volunteer duties as a First Responder on behalf of the Participating Public Entity:

- Named on the Participating Entity Specifications page; or
- Another Public Entity for whom the Covered Person performs first responder services as a volunteer while employed by the Public Entity named on the Participating Entity Specifications page.

In cases involving multiple traumatic events occurring on or after July 1, 2024, the traumatic event is the most recent event determined by the Qualified Diagnostician to be related to the symptoms of post-traumatic stress disorder.

**Public Entity** means any of the following entities: the State of Georgia and all departments, instrumentalities, and authorities; each county or consolidated government of the State of Georgia; each municipality in the State of Georgia as used under Code Section 36-30-1; each school district, independent school district, or other local school system in the State of Georgia; and any other political division of the State of Georgia.

# Excerpts from Certificate with Claim Form Notes



***The full Certificate is posted at [gfrptsdinsurance.com](http://gfrptsdinsurance.com).***

**Appropriate Care and Treatment** means medical care and treatment that is:

- given by a physician or Qualified Diagnostician whose medical training and clinical specialty are appropriate for treating Your Disability;
- consistent in type, frequency and duration of treatment with relevant guidelines of national medical research, health care coverage organizations and governmental agencies;
- consistent with a Qualified Diagnostician's diagnosis of Your Disability; and
- intended to maximize Your medical and functional improvement.

**Disability or Disabled** means:

- a Qualified Diagnostician has determined that Your Occupational Post-Traumatic Stress Disorder Covered Condition precludes You from performing the regular duties of Your Regular Occupation as a First Responder; and
- You are receiving Appropriate Care and Treatment and complying with the requirements of such treatment.

**Supporting documents attached to the LTD Claim Forms would show you are receiving Appropriate Care and Treatment and your Qualified Diagnostician has determined that you cannot perform your regular first responder duties. If you do not attach this information, MetLife can use the Authorization to request it from the health care providers you list in the LTD Claim Form.**

**Elimination Period** means a period of 90 days during which You must be Disabled in order to qualify for any income replacement benefit payment(s). The Elimination Period begins on the first day of Disability. Benefits under this Certificate are not payable until the Elimination Period is completed.

If Your Participating Public Entity is insured under the Group Policy on January 1, 2025, Your Elimination Period may begin prior to January 1, 2025 if:

- You receive a Diagnosis from a Qualified Diagnostician on or after July 1, 2024; and
- MetLife determines that You were Disabled as a result of a Traumatic Event that occurred on or after July 1, 2024 (and the Diagnosis occurs within 24 months of the Traumatic Event) and have been Disabled and receiving Appropriate Care and Treatment for at least three consecutive months.