



Metropolitan Life Insurance Co.  
**EXPLANATION OF BENEFITS**  
**SHORT TERM DISABILITY**

Met DisAbility  
 P.O. Box 3014  
 Utica, NY 13504-3014  
 PH: 1-800-300-4296

NAME OF EMPLOYEE: **RAVINANDAN ATLURI**  
 DATE PROCESSED: **05/05/2022**

REPORT/SUBCODE/SUBPOINT: **0219260 0002 0001**  
 CLAIM NUMBER: **232204158906**

THE INFORMATION ON THIS FORM PRESENTS AN EXPLANATION OF A CLAIM PROCESSED UNDER THE ABOVE PLAN. THIS FORM SHOULD BE SAVED FOR YOUR RECORDS. IF YOU HAVE ANY QUESTIONS REGARDING THIS CLAIM OR HAVE RETURNED TO WORK, CONTACT METLIFE AT THE ABOVE ADDRESS. WHEN MAKING INQUIRIES PLEASE INCLUDE THE EMPLOYEE NAME, SOCIAL SECURITY NUMBER, CLAIM NUMBER AND REPORT/SUBCODE/SUBPOINT SHOWN AT THE TOP OF THE FORM.

**SUMMARY OF BENEFITS**

BENEFIT START DATE: **12/06/2021**      WAITING PERIOD: **14 DAYS**      FIRST DATE OF DISABILITY: **11/22/2021**  
 DAYS WORKED DURING DISABILITY: **0**

PAYMENTS:	BENEFITS PAID	BENEFITS PAID	WEEKS	DAYS	WEEKLY	GROSS	NET
	FROM	THROUGH	PAID	PAID	AMOUNT	PAYMENT	PAYMENT
BENEFIT RATE	12/06/2021	02/20/2022	11		1,000.00	11,000.00	7,651.86

**TAXES AND ADJUSTMENTS**

TAXES:	MRTL STAT	EXPTS	AMOUNT	YTD TOTAL	ADJUSTMENTS:	AMOUNT
FEDERAL					SALARY CONTINUANCE	2,714.29
STATE						
FICA - SOC SEC			513.71	513.71		
FICA - MEDICARE			120.14	120.14		
LOCAL						

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PLEASE NOTE IMPORTANT ADDITIONAL INFORMATION ON REVERSE SIDE

JV2228.SCR(02/20)

Metropolitan Life Insurance Co.

EMPN

RAVINANDAN ATLURI  
 1701 WESTPARK DR  
 APT 112  
 LITTLE ROCK AR 72204

DBLET

IMPORTANT ADDITIONAL INFORMATION

CUMULATIVE TOTALS

Total WEEKS Paid	11		
Total Days Paid			
Benefit Payments	11,000.00	SALARY CONTINUANCE	2,714.29
Federal Income Tax			
State Income Tax			
FICA Tax-Soc Sec	513.71		
FICA Tax-Medicare	120.14		
Local Income Tax			

ADDITIONAL REMARKS

YOU HAVE ELECTED TO HAVE YOUR BENEFITS PAID BY ELECTRONIC FUNDS  
TRANSFER. YOUR INITIAL BENEFIT WILL BE AVAILABLE IN YOUR ACCOUNT  
ON OR ABOUT 05/10/2022