



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

Met DisAbility  
P.O. Box 3017  
Utica, NY 13504-3017  
PH: 1-800-300-4296

NAME OF EMPLOYEE: RAVINANDAN ATLURI  
DATE PROCESSED: 07/05/2022

REPORT/SUBCODE/SUBPOINT: 0219275 0002 0001  
CLAIM NUMBER: 732205050496

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: 02/20/2022      WAITING PERIOD: 90 DAYS      FIRST DATE OF DISABILITY: 11/22/2021  
DAYS WORKED DURING DISABILITY: 0

PAYMENTS:	BENEFITS PAID		MONTHS PAID	DAYS PAID	MONTHLY BENEFIT AMOUNT	GROSS PAYMENT	NET PAYMENT
	FROM	THROUGH					
BENEFIT RATE	02/20/2022	04/17/2022	1	29	5,000.00	9,833.33	9,688.89

**TAXES AND ADJUSTMENTS**

TAXES:	MRTL STAT	EXPTS	AMOUNT	YTD TOTAL	ADJUSTMENTS:	AMOUNT
FEDERAL					ACCIDENT & SICKNESS BENEFITS	144.44
STATE						
FICA - SOC SEC						
FICA - MEDICARE						
LOCAL						

Met DisAbility  
P.O. Box 3017  
Utica, NY 13504-3017

99940

K85843.SCR(02/20)

Metropolitan Life Insurance Co.

RAVINANDAN ATLURI  
1701 WESTPARK DR  
APT 112  
LITTLE ROCK AR 72204

IMPORTANT ADDITIONAL INFORMATION

YOU HAVE ELECTED TO HAVE YOUR BENEFITS PAID BY ELECTRONIC FUNDS  
TRANSFER. YOUR INITIAL BENEFIT WILL BE AVAILABLE IN YOUR ACCOUNT  
ON OR ABOUT 07/08/2022