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General Comment

See attached file(s)

Attachments

ERISAcomplaint

To whom it may concern:

I have the displeasure of writing this letter today from the perspective of a victim of the reprehensible ERISA act. ERISA (Employee Retirement Insurance Security Act) for those unfamiliar, is the law which governs the administration of employee disability benefits for group policies provided by private employers in the USA. ERISA provides very little, if any “security” to a the disabled American worker. In quite the opposite fashion, ERISA provides insurance companies a great measure of security in making sure their profits remain unscathed by the bothersome task of paying out claims in a fair and unbiased manner. As I and countless others have unfortunately discovered, the majority of group long term disability claims submitted by employees are all too easily rejected by insurance company claim handlers and their paid “independent” physicians and nurses.

In the most blatantly corrupt manner possible, group LTD insurance companies are allowed to decide who gets paid and who doesn't. This has to be the most flagrant conflict of interest in modern day America. How can the potential payor of a claim also get to be the judge of who actually qualifies for said payout? If this isn't the most inherently broken system of fairness and “security” for the American worker, I don't know what is. It is like putting the proverbial fox in charge of the hen house. So called independent physicians are hired by the insurance companies to give a “fair unbiased review”. How fair can it be when the insurance company is signing these person's paychecks? Common sense would dictate that it would behoove an employee to please their employer. Doctors who side with the insurance companies can reasonably expect to have greater job security in siding with the providers of their paychecks Also, there are literally zero potential negative repercussions for the insurance companies who arbitrarily reject claims. The worst that could happen to them is they are forced to pay for what they “should have” paid for all along with no possibility of punishment for bad behavior. Where else in American society is this allowed? There is no regulatory body watching over this broken process. Also, when filing a claim and appeal it is incumbent on the disabled person to manage their own case which includes doctor appointments, mountains of paperwork, and travel to hound your own treating doctors to fill out never ending documentation to support your claim. It's absolutely ludicrous, immoral and unethical for a disabled person to have to do all of this!

It is a reasonable expectation that someone who purchases an insurance policy would believe that a legitimate claim be paid if an unfortunate event should transpire in their life. Group LTD policies are sold to employees and employers giving the impression that simple coverage is payable if disability should occur. What is not remotely understood in these policies is that the insurance company will get to decide who gets paid. This is simply fraud. This issue needs to be addressed by the Department of Labor and other related government entities so innocent people are not continually harmed. With all of the talk about reducing SSDI benefits and eligibility swirling in politics today this issue must be addressed. Politicians need to know that ERISA policies are not worth the paper they are printed on and the average American worker has no insurance to fall back on. For the great majority of citizens SSDI is literally the only hope of survival available to the average working person. It is quite a rude awakening when you think you have insurance only to find out your policy is subject to the arbitrary and self serving designs of the company which provides it.

A shining example of this malfeasance can be illustrated by my own personal case with Reliance Standard group LTD insurance provider. I left work in [redacted] of [redacted] due to disability. After 90 days, I submitted my claim and provided my extensive medical history to Reliance as well as to another insurance company with whom I also had a private individual disability policy. After paper review by two MD's, my private disability provider decided to award benefits immediately. Of course Reliance

Standard, protected by the umbrella of the corrupt ERISA law, denied my benefits after their "independent" physicians paper review decided against me. This is after my medical records were blatantly "cherry picked" by their reviewers. What is the difference between these two policies? In simple terms, thanks to the ERISA law, Reliance knows that they could not be sued for punitive damages so literally, what do they have to lose?

My case has dragged on for 14 months thus far and after submitting my appeal in [redacted] of [redacted] I was finally granted an IME 5 months later after the Department of Labor was informed of the unprecedented delay in postponing my "independent" medical examination. My IME was scheduled approximately one month in advance of [redacted] at [redacted] in [redacted] which is 2 hours from my home. I had requested transportation in writing on multiple occasions and was told it would be provided. Despite phone calls to the insurance provider and the person handling my appeal, I was never provided any actual confirmation that transport was coming from anyone. A driver appeared on my doorstep at [redacted] am on [redacted] and told me he was given my address, no name, and no way of contacting me to confirm this transport. I don't know if this is simple negligence or psychological warfare, but this is consistent with the treatment I have received from Reliance from day 1. Another issue which was totally ignored by Reliance is that a major part of my claim is based on my severe sleep issues. Anyone who had minimal regard as to my health issues, might have taken that into consideration before they scheduled a pick up at [redacted] am! I am sick and exhausted fighting with these people.