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Claims Procedure for Plans Providing Disability Benefits

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General Comment

Thank you for taking on this issue & allowing input. I was the recipient of an unfair & biased denial of LTD Benefits. Everyone should read company sponsored STD/LTD plans, but who does. Nobody feels they will need it, I believed in my employer. How can anyone, except an attorney, comprehend this. It's especially hard for me because of my disability. Several documents that set forth rules, between the employer & employee & another between the employer & LTD insurance carrier & still another that is ERISA.

I worked 25 years for a truck division of _____, a _____, _____ based corporation. Their ERISA health/STD/LTD plans are self insured but administered by The Hartford. After STD period, the claim went to LTD, Hartford, for their interpretation/eligibility/approval/denial/payment, all at their discretion. My comments are to the best of my recollection as I do not have any documentation with me as I write this.

I was diagnosed with fibromyalgia In 2007, with many other co-morbid conditions. In 2012, my symptoms became worse, I was unable to work & sought medical assistance. After overnight sleep study, I went out on STD while doctors tried to address my sleep & pain issues. When STD ran out, my doctors were still trying to fix me so I could return to work. In order to keep my

benefits, my doctors listed my disability as depression/anxiety, it was evident I couldn't work & we tried many different things with intent to return to work. Hartford approved LTD for one year, invoking the "mental" depression/anxiety clause in the LTD plan. We had one year to figure out my health issues. Please note, My primary did not support permanent disability.

I had a second overnight sleep study which documented multiple sleep issues. Hartford requested I meet with one of their investigator's, which I couldn't comprehend why, as I knew I only had a year of benefits. So I contacted an attorney as I was so confused. I then had two separate cardio-pulmonary exercise tests documenting severe issues that are physical in nature, not mental. (My primary changed my diagnosis to fibromyalgia & deemed me disabled for life) I saw multiple other doctors and did tests and tried many prescriptions but nothing helped. All documentation sent to Hartford, they requested I see one of their IME's based in . Their reasoning was to accuse me of colluding with my doctor to get permanent disability by changing diagnosis to depression/anxiety just to get LTD disability. After the cardio test, my primary changed diagnosis to permanent disability because of Fibro (which now carries its own diagnostic code).

The IME walked in late for the appointment, first admitting she hadn't had a chance to look at my file, it's several inches high, & sitting on her desk. She looked flustered, then the door opened & she was called out of the room for 20 minutes by a man I assumed was from Hartford, could see them in heavy discussion. When she finally returned she became combative with me and conducted "her" exam, what can I say about that, a lot. She was not an expert in the field of my issues, she advertises on her web site that she specializes in IME's. Her fee is out of Hartford's pockets.

Right after that I received SS permanent disability approval in August, retro back to when my STD benefits ended which was January. Primary disability fibromyalgia. Approved on my first submittal. SS had same documentation as Hartford.

Based on Hartford's IME's report, Hartford denied my appeal because of IME's blatant lies. If interested I can provide documentation that supports this. They stated "their" experts had reviewed these files (again under Hartford's payroll). They said that they had tried for a week to contact my rheumatologist but he was on vacation that week. (Hartford still had the right to extend the appeal time, but they did not do that). Hartford stated that just because SS had deemed me disabled, they were not obligated to come to the same conclusion. To get copies of their documentation, was added expense. Next step, th circuit court which was more money I didn't have, & years more to gamble that a judge would, or would not, rule in favor of me because the "plan's denial was arbitrary and capricious". Any monetary awards are capped. Or other case outcome might be Hartford to settle with a fraction of what the full pay out would be, maybe 40 to 60%. After taking out attorney fees, & out of pocket expenses already paid, I would never come out ahead no matter how I looked at it.

Gave up. Couldn't afford to pursue what I was entitled to.

My income is SS disability & small company pension. Had to pay Cobra till Medicare eligible. Besides my health, I lost

Medical insurance including therapies Medicare doesn't cover
Vision & dental insurance.
Hartford LTD income
Company pension no longer accruing
401K match, & option to contribute

Please implement all these proposed changes so LTD is fair to those who need it.

Thank you