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General Comment

As a disabled physician, I am writing to support the Department of Labor's proposed new ERISA long-term disability regulations, I feel these regulations would level the playing field and assure justice for myself and other patients who responsibly bought a long-term disability plan offered by our workplaces to help support themselves and their families in case of permanent disability. No one ever buys a disability plan with the thought that they might become permanently disabled. I certainly did not. But people do it to assure security and care for themselves and their families should the impossible happen. I and others expect to be treated fairly and in a timely manner if we follow the disability plans' rules. This is oftentimes not the case -- plans can deny claims, delay actions, or distort rules to favor themselves and, because of current rules, claimants cannot sue or bring cases to an objective third-party if they feel the disability insurance company has not acted in good faith. The institution of these new laws would provide a fairer playing field for claimants.

In particular, I would like to address the use of and reward of medical experts to purposefully deny claims regardless of what other expert physicians or the claimants' primary care physician believes. Medical experts who do this may be behaving legally for the meantime but it is ethically immoral. Physicians should tell give their opinion honestly and advocate on patients' behalfs as appropriate, not that of companies. And the opinions of a claimants' long-time physicians should be given more weight, since they know the claimants' case more thoroughly, than a physician the patient has only seen once. This would be in line with SSDI's rules whereby

treating physicians' opinions are given more weight in decisions.

Finally, in this time of tightening governmental budgets, I encourage Department of Labor and even the Department of Justice to go after disability insurance companies to recoup any disability payments the government has had to pay because of actions by these companies. For example, I did not expect to have to apply for SSDI but because of my disability insurance company's rules, I was forced to or else face denial of my claim. After my SSDI case was approved, all the back-dated funds went to my disability insurance company. Secondly, the monthly amount given to me by my disability plan was not the full amount promised but that amount minus what SSDI paid. In advertising the disability plan initially, plans do not make it clear that you are required to apply for SSDI and that you will not be paid the full amount they claim you will be paid should you become disabled. Having this information buried in small print in a thick document does not constitute fair disclosure in my mind and I'm someone who reads the small print. It also violates the belief by myself and many others that the point of a disability plan is so we can care for ourselves, without having to rely on the government necessarily.

My opinions and thoughts are not merely based on my individual case but from interacting with physicians, patients and their families for over a decade, including serving on several federal medical advisory committees. I would also suggest extending the deadline for public comment and actively assuring that chronic illness patient support groups are reached. People disabled enough to require long-term disability, like me, often struggle physically/ cognitively to give comments. Thank you for your attention.