

Sent: Monday, January 18, 2016 1:23 PM
To: EBSA, E-ORI - EBSA
Subject: RIN-1210-AB39 dept of labor

Re: RIN 1210-AB39

I am writing to comment on the Proposed Regulations issued by the Department of Labor, Employee Benefits Security Administration on November 18, 2015.

I currently receive disability benefits under an employer-sponsored disability plan governed by ERISA. In the process of securing benefits, I encountered numerous difficulties under the current claims-procedure regulations and recognize the urgent need to address these in the Proposed Regulations.

I have paid close to \$50,000 in lawyers fees to fight for my benefits, fees that are unrefundable during the claims process, and are a great financial burden on a disabled person. The time, cost, and stress incurred in conducting my appeal was largely due to failure by the insurance provider (Cigna) to conduct a proper file review, and provide forthright and timely communication to me. They committed numerous procedural improprieties during the claims process. Numerous times they were in violation of the notice requirements under ERISA and this substantively affected the claims process. It is unconscionable that the disabled person pays for these failings in process that are clearly purposeful because of bias and the financial conflict of interest of the insurance company.

In my case, Cigna failed repeatedly to provide any meaningful analysis to support terminating benefits. Their medical reviewers interpreted tests selectively, ignoring the broader context of my medical record, and ignoring or mischaracterizing a weight of medical evidence from my specialists and doctors. They made recommendations based on these inaccurate test interpretations in context of a job that I did not perform, having failed to understand my occupation, instead going off generalizations of my job. They refused to provide requested documentation on any of the above decisions and analysis of my case, even after repeated requests.

Based on my experience documented above, the proposed tightening of the conflict-of-interest rules is welcome. It was clear that their medical examiners and claims administrators were working with the intention of denying my claim. The proposed amendments to the disclosure requirements should also prove helpful to disability claimants faced with a claim denial based on ill-defined reasons. The proposed "de novo" standard of review in cases where the plan has not followed the correct procedures should provide an effective incentive for disability carriers to comply with the relevant rules.

The Proposed Regulations give disability claimants like me more procedural rights in what is an unjustifiably uneven playing field at present. As I described in my personal experience, disabled claimants are faced with substantial procedural obstacles put in their way by disability carriers.

This is particularly disturbing in light of the diminished capacity of most claimants to get through the cumbersome procedural hurdles placed on them by the disability carriers.

For the above reasons, I strongly support adoption of the Proposed Regulations as soon as possible.