

Sent: Tuesday, January 19, 2016 12:01 PM
To: EBSA, E-ORI - EBSA
Subject: 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 (“Proposed Regulations”).

First of all, I want to commend the Department of Labor (“Department”) for this very constructive proposal. I strongly approve of the comment made by the Department in the preamble that “disability claimants deserve protections equally as stringent as those that Congress and the President have put into place for health care claimants under the Affordable Care Act.”

I am presently a disability recipient under an employer-sponsored disability plan governed by the Employee Retirement Income Security Act of 1974 (“ERISA”) and its requirements regarding claims procedures. I can speak first hand to the potential abuses occurring under the current claims-procedure regulations and the urgent need to address these in the Proposed Regulations.

After first approving my disability claim, my carrier ultimately decided I needed to go back to work. They stopped taking or returning my phone calls, then lied to my doctor to get him to approve the return. Ultimately it took a tens of thousands of dollars to a specialty lawyer to convince them they were fighting a losing fight. Several of these new regulations could have prevented all of the stress and expense I had to go through while I was sick and no longer receiving an income. My appeal was denied based on a cursory review by an "independent" reviewer. I was never told why my claim was denied or what I could do as far as providing additional information to support the claim. The company told my lawyer that all claims for my medical condition are immediately sent to extra review regardless of the supporting information. It is clear to me that without the services of a specialty attorney, I would never have received benefits from the insurance I paid into for my entire career.

When I contrast this experience to that of applying for Social Security disability, it could not have been different. When they needed additional information, they asked and I provided it. My claim was approved on the initial review. I was told by the reviewer that I had "overwhelming evidence", the same evidence that my insurance company claimed was not adequate. It is clear the insurance company was not fulfilling their fiduciary responsibility. These regulations would go a long way to improve the experience of those filing disability claims in the future.