

Sent: Tuesday, January 19, 2016 12:32 PM

To: EBSA, E-ORI - EBSA

Subject: Department of Labor Regulation Proposals re/RIN-1210-AB39

To whom it may concern,

I would like to comment on your proposal for new regulations which are necessary to restore the Legal Due Process & Equal Protection rights of disabled employees under the ERISA System. The system is ridden with Conflict of Interest abuses that inherently corrupt an honest scientific outcome for the disabled claimant. Insurance Co. employees, ie., Adjustors are not unbiased, independent appraisers of the disability determination. They are insurance company employees who are paid bonuses and expected to tow the line in favor of the Insurer's bottom line protection from liability.

IME doctors hired by the Insurer are not independent medical examiners. They are selectively hired and paid extravagant fees, "thousands of dollars" for their allegiance to the Insurer's financial interests.

On the other hand, the disabled party has great difficulty finding an attorney to appeal the denied benefits. Personal Injury Disability attorneys reject taking on ERISA Appeal Cases and the few that do, have no real incentive due to the laws that deny them the right to address and penalize Insurer fraud & bad faith. ERISA Law grants the Insurers immunity protection from charges of fraud & bad faith. If Claimant attorneys are able to reverse the the Insurer's denial of benefits, they are paid for their legal work by deducting 30 to 40% from the benefits of their disabled client. So the disabled party must pay for the Insurer's fraudulent denial.

Little to No Legal Accountability is demanded since ERISA was shifted from the State Civil Due Process System to the Federal System, where no protection from Insurance Fraud & Bad Faith exists. Where the Disabled are stripped of their Rights to Due Process & Equal Protection. Where Claimant Attorneys can accept an Appeals Case, sit on it for months, then send a letter of resignation from the case with no explanations of what occurred, and a suggestion to find another attorney. After experiencing this legally irresponsible treatment from two or three Claimant Attorneys you discover that your statutes of limitation have expired without any notification from any of these attorneys.

Last but not least of these lawless insults is the discovery that a fraudulent diagnosis was put into your ERISA File at the Department of Labor by the Insurance company. The diagnosis was made by the Insurer's hired Medical Examiner who stated there was no objective evidence of disability and diagnosed a Psychosomatic Mental Disorder. The original, legitimate diagnosis is a permanent disabling spinal injury called Arachnoiditis.

Thank you for your concern and proposal for new regulations which hopefully will prevent further obstructions of the human & civil rights of the permanently Disabled, which I can personally attest to.