

# PUBLIC SUBMISSION

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## Submitter Information

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## General Comment

Re: Department of Labor, RIN 1210-AB39

I am writing to strongly support the proposed regulations (RIN 1210-AB39) issued by the Department of Labor, Employee Benefits Security Administration, on November 18, 2015.

I am very grateful for this practical and constructive proposal which acknowledges the rights of disability claimants which are often currently being denied. My views are consistent with the comment made 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 trying to obtain LTD disability benefits under an employer-sponsored disability plan governed by the Employee Retirement Income Security Act of 1974 (ERISA). I have personal experience of some of the abuses occurring under the current claims-procedure regulations and see the urgent need to address these as is being done with these new regulations.

I especially favor the proposed tightening of the conflict-of-interest rules. The insurance carrier or its representative would no longer be able to contract with a medical expert based on the expert's pattern of denying claims. This would decrease the likelihood of independent medical exams (IMEs) used in my case (and I believe many others), being used to contest and ultimately deny a disability claim while ignoring the opinion of the claimant's doctor. If this law had been

in place earlier, it could have resulted in a different outcome in my situation last year when a medical professional was hired to make a decision about my medical situation, which appeared clearly wrong and in conflict with other medical opinions I had obtained.

I also strongly support the proposed amendments to the disclosure requirements. The requirement to produce a detailed description of the denied decision, including the basis for the plan's disagreement with the claimant's treating physician or the Social Security Administration as well as the internal rules, guidelines, protocols, standards or other criteria applied to deny the claim, should prove helpful in appealing denied claims in court. One of my denial letters, while very long and full of medical jargon, did not in any way explicitly explain why I was not eligible for the LTD benefits I was seeking.

I further commend all the other proposed changes also. I strongly support each of them and request that they be included as part of the final regulations. For example, the "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 an incentive that is unfortunately so urgently needed.

It is unfair that LTD claimants, who are already sick, should be so disadvantaged as they are in the current system. I can say from personal experience that when you are suffering from a debilitating illness, it is very difficult to pursue what your rights in such a system. Writing appeals, consulting with lawyers and doctors, and following up are all very difficult when you are disabled. I submitted an initial request for LTD benefits almost two years ago now and am awaiting the outcome of a second appeal. This unacceptable length of time can be explained both by the insurance company's delay of their responses and by delays due to my own inability to follow through promptly due to my disability. Since a jury trial is not possible, the rules against punitive damages and the potential deferential standard of review of denied claims, are also proposed changes that are crucial to providing at least some fairness to disabled claimants in a process that is heavily structured against them.

It is for these reasons that I strongly support adoption of the proposed regulations as soon as possible.