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Submitter Information

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General Comment

I am writing in support of the proposed rule changes for ERISA disability insurance. I am a claimant for disability insurance that my employer paid for and thus falls under ERISA. I am chronically ill with a serious neuro-immune disorder that involves significant inflammation in the brain, nervous system and body, resulting in debilitating pain, exhaustion, cognitive difficulties, POTS, and a myriad of other multi-system symptoms. I became ill in 2001, but only began disability in 2011. I am receiving SSDI (it only took six weeks for my approval due to the severity of my illness) and until one year ago, I was receiving my employer paid disability payments as well. I was a college professor.

In the five plus years I have dealt with my private disability insurer, I have spent more than three years in stressful "reviews" that seem more intent in wearing me down than determining my ongoing disability. I have one of the most prestigious researchers/doctors in the country (Dr.), and yet my insurance was cancelled because it was impossible for me to meet the deadline they set for test results - the required tests took three months just to complete. As a side note, they did receive the necessary test results and analysis one month before they closed my case - they claimed they didn't have it, but then miraculously found it the day my file was sent to appeal. I'm at a serious disadvantage now, as I have no idea going into the appeal process whether or not my tests will still be considered adequate this time around (the results demonstrate the same degree of illness they did in previous reviews that resulted in approving my claim) - it is my understanding that presently, the insurance company can reverse itself on what it considered adequate evidence of disability at anytime. Unfortunately, with the current rules in place, I won't

know whether those test results are adequate until after the appeal process is complete and I can no longer acquire any additional testing before going to court.

I'm not well enough, nor do I have the cognitive ability at this time to systematically discuss each proposed change and explain why I support it. My health has continued to deteriorate in large part due to the stress of dealing with my disability insurer and trying to live without adequate income. In fact, I'd have to say whether or not it is my disability insurer's objective to wear me down, financially ruin me so I can not afford to fight back, and thus avoid paying me my full claim, they've Come very close to achieving just that.

Being severely ill and losing most of what made my life meaningful is bad enough; knowing that I'll likely be in severe pain and sick for the rest of my life is bad enough; being isolated at home because every bit of energy I have goes into simple survival most days and a social life is unthinkable is bad enough; but being forced to contend with a disability insurer who has very little incentive to treat their Erisa claimants fairly (there are no serious negative consequences to if they break the law in their claims process) and a great deal to gain by decreasing the number of claims payments is cruel. Please note - I live alone.

I'm sure this comment is too "emotional" and too "personal" but frankly, the consequences of ERISA law that allows disability corporations to say they are being impartial when they are allowed to set the terms of disability, control and keep hidden much of the process of reviews, hire their own medical "experts" on what ever basis they want and whose diagnosis is given greater weight in many states than the experts who are actually treating the patients; and more, is in fact experienced quite personally, but by a large number of very sick people . I thought I was going to be okay - I had excellent benefits and the best doctors available. But I have learned the hard way that the ERISA disability system is rigged In the favor of the companies, at the expense of the claimants. I have already been forced into bankruptcy, was evicted, lost my ability to pay for assistance at home. I don't know what I will do if I don't win in appeal. But even if I do win, it will just mean another review, more arbitrary demands and deadlines, more harassment and stress.

I don't know that this rule change will help me in any way. My appeal process is probably coming to a close. But I wouldn't put my worst enemy through what I've been through, and yet there are thousands, tens of thousands of people like me who are forced to take on a for-profit company just to get the coverage we were promised. Given that employee paid disability policies not covered by ERISA allow claimants more options in fighting for their rights and coverage than ERISA claimants get suggest to me that ERISA is not written for us. These rules changes are a start in the right direction but more needs to be done to prevent companies from treating claimants as an obstacle to their profits.