

SAMPLE LTD CLAIM DENIAL LETTER

Case Manager
CIGNA Disability Management Solutions



CIGNA Group Insurance
Life • Accident • Disability

Routing D212
12225 Greenville Avenue
Dallas TX 75243
Telephone 800.352.0611
Ext 5643
Facsimile 860.731.3211

April 11, 2002

RE: Claimant:
SSN:
Policy Keys:
Account Name:
Company: Life Insurance Company of North America

Dear Ms.:

This letter is in reference to your Long Term Disability claim. As you know, we have been investigating your claim for disability benefits and a determination has been reached.

To be eligible for disability benefits, you must satisfy the policy provisions defined as follows:

Disability Definition

“An Insured will be considered Disabled if because of Injury or Sickness, he is unable to perform all the essential duties of his occupation.”

After Monthly Benefits have been payable for 24 months, an Employee will be considered Disabled only if he cannot actively work in any “substantially gainful occupation” for which he is qualified or may reasonably become qualified by reason of his education, training or experience.

“Substantial gainful occupation” means one which provides the income required to support the standard of living reasonably approximating the standard maintained prior to the disability.”

Medical data evaluated

We based our decision to deny your claim for benefits upon policy language and all documents contained in your claim file, viewed as a whole. According to the information provided by your physician, you have been released to return to work full-time.

We requested and received medical information from Dr._____. On 02/20/98 your doctor states that you had gained 10 pounds, still had intermittent diarrhea related to gastrectomy. Your ENT evaluation was negative with a question of reflux.

Also Dr. _____stated that he saw you on 12/10/98 for an operative procedure. On that date he states that there is no evidence of persisting ulceration or mass in the esophagus and absolutely no mucosal abnormalities seen anywhere in the esophagus or in the visualized portion of the hypopharynx.

We also asked Dr. _____ if there was tentative return to work date set for you. He stated “from my point of view she ought to be ready to return to work now.” He also did not specify any limitations or restrictions on your return to work.

Summary

Based on the documentation contained in the file, the medical information does not include any limitations or restrictions from your physician that show that you are totally disabled from performing your occupation. As a result, we have concluded that you do not satisfy the policy definition of disability noted in the above paragraphs.

Appeal Rights

You may request a review of this denial by writing to the Life Insurance Company of North America representative signing this letter. The written request for review must be sent within 180 days if receipt of this letter and state the reasons why you feel your claim should not have been denied. Please include any documentation which you feel supports your claim such as:

- copies of physical therapy treatment notes,
- any additional treatment records from physicians, or
- actual test results (e.g., EMG, MRI).

Under normal circumstances, you will be notified of the final decision within 45 days of the date your request for review is received. If there are special circumstances requiring delay, you will be notified of the final decision no later than 90 days after your request is received. Please note that you have a right to bring legal action for benefits under ERISA section 502(a) if your appeal is denied.

Nothing contained in this letter should be construed as a waiver of any rights or defenses under the policy. This determination has been made in good faith and without prejudice under the terms and conditions of the contract, whether or not specifically mentioned herein. Should you have any information which would prove contrary to our findings, please submit it to us. We will be pleased to review any objective information you may wish to submit.

Section 2695.7 (B) (3) of the Regulations of the California Insurance Department requires that our company advise you that if you wish to take this matter up with the California Insurance Department, you may contact the California Insurance Department. Their address is: California Department of Insurance, Claims Service Bureau, 11th Floor, 300 S. Spring Street, Los Angeles, CA 90013, 213-897-5961 or 800-927-HELP.

Sincerely,

Case Manager