

(SAMPLE LETTER TO REQUEST CLAIM FILE)

[date]

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

[Claims Adjuster Name]
[Insurance Carrier Name]
[Address]

Re: Claimant : [Name]
Employer : [Name of Employer]
Claim No. : []
Policy No. : []

Dear []:

I am writing as a result of [Insurance Carrier's] denial of my claim for [type of] benefits as set forth in your letter dated [date].

Pursuant to 29 CFR 2560.503-1(g)(v)(A); 503-1(h)(2)(iii); and 503-1(h)(3)(iii) -(v), please provide the following information to me upon receipt of this letter:

1) a copy of the specific rule, guideline, protocol, or other similar criterion relied upon in making the adverse benefit determination; and

2) a copy of all documents, records, and other information relevant to my claim; and

3) the name and *curriculum vitae* of all health care professionals with whom [Insurance Carrier] consulted prior to the adverse benefit determination. This information should also include reference to the health care professionals' experience and training, including a list of all peer review articles authored by these professionals; and

4) the identification of all medical experts whose advice was obtained on behalf of [Employer and/or Insurance Carrier] in connection with the adverse benefit determination, without regard to whether the advice was relied upon in making the determination.

Pursuant to 29 CFR 2560.503-1(m)(8), a document, record, or other information shall be considered "relevant" to a claimant's claim if such document, record, or other information:

(i) Was relied upon in making the benefit determination;

(ii) Was submitted, considered, or generated in the course of making the benefit

[Adjuster Name]

[Date]

Page 2

determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination;

(iii) Demonstrates compliance with the administrative processes and safeguards required pursuant to paragraph (b)(5) of this section in making the benefit determination; or

(iv) In the case of a group health plan or a plan providing disability benefits, constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

In addition, please forward as well the Trust Document (commonly known as the "Plan Document"), Summary Plan Description (SPD) (and any amendments thereto since the inception of the Plan), and Form 5500. The authority for this request is found at 29 U.S.C.A. §1024(b)(4).

Please forward these documents to me within the next thirty (30) days.

Very truly yours,

[Your Name]