



# SEBB Long-Term Disability (LTD) Insurance Error or Discrepancy Correction Form



**Payroll or benefits office:** Use this form to correct an error in which an LTD insurance form originally signed and submitted by the school employee was keyed incorrectly. Instructions are below.

**Employer's representative:** You must keep paper or electronic files that support the decision made and the action taken on any error corrections, even if a change was not made.

## Instructions

The following instructions are provided to help employers respond to errors in LTD insurance coverage amounts. Use this form to correct an error in which an LTD insurance form originally signed and submitted by the school employee was keyed incorrectly.

### To process supplemental LTD coverage keying errors:

- The employer's representative completes the *LTD Insurance Correction Form*, provides a copy to the school employee, and keeps a copy (plus the supporting documentation) for their records.
- The employee must agree to the change by submitting the form to their employer.
  - If the corrected error results in a **higher** coverage amount, the school employee must pay the difference in premiums for the most recent 24 months of coverage. The employer is responsible for additional months of premiums.
  - If the corrected error results in a **lower** coverage amount (including no coverage), refund overpaid premiums to the school employee for the most recent 24 months of coverage. See the note above for details on refunds.
- The employer representative corrects the error back to the effective date of the error.

## Appeal rights

A school employee who does not agree with a decision made by their employer or the SEBB Program may appeal the decision by submitting an appeal **within 30 days**, as outlined in WAC 182-32.

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## School employee information

Social Security number

Subscriber ID number

Last name

First name

Middle initial

Employer/Agency code/subagency code    Employer name

**What LTD insurance error needs correcting?**

Supplemental LTD coverage was keyed, but not selected by the school employee.

Supplemental LTD coverage was selected by the school employee, but not keyed.

Supplemental LTD coverage was terminated by the school employee, but not keyed.

Employee's salary was keyed incorrectly.

Other:

Date of keying error

Date coverage was corrected

**Premium adjustment** (*select one*)

Correction resulted in an **increase** in coverage. School employee agrees to pay \$ \_\_\_\_\_ in back premiums.

Correction resulted in a **decrease** in coverage. School employee will be refunded \_\_\_\_\_ months of premiums

totaling \$ \_\_\_\_\_.

Other:

By submitting this form, I declare that the information I have provided is true, complete, and correct.

Employer's representative's printed name

Employer's representative's signature

Date

School employee's signature

Date



**Make copies of this form for the employer's records and the employee.**

**Please Note:**

- Employer's representative must keep paper or electronic files as proof to support the decision made and the action taken on any error corrections, regardless of whether a change was made. The files should include the *LTD Insurance Correction Form* and the supporting documentation that led to their decision.
- If a correction requires a refund, per Washington Administrative Code (WAC) 182-30-060 (4)(a)(ii), Standard Insurance Company will refund to the most recent 24 months of the school employee overpayments (in the form of a premium credit to the employer). The employer is responsible for additional months of premium refunds.