

SEBB Long-Term Disability (LTD) Insurance Correction Form



Employer: Use this form to correct keying errors for an LTD insurance form originally signed and submitted by a school employee.

Instructions

To process employee-paid LTD keying errors:

- The employer completes this form, provides a copy to the school employee, and keeps a copy (with supporting documentation) for their records.
- The employer 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.
- The school employee must agree to the change by signing this form.
 - 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 (WAC 182-30-060(4)(a)(i)). The employer is responsible for additional months of premiums.
 - If the corrected error results in a **lower** coverage amount (including no coverage), the employer (in coordination with Standard Insurance Company) will refund overpaid premiums to the school employee (WAC 182-30-060(4)(a)(ii)).
- The employer 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** (Chapter 182-32 WAC).

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School employee information

Social Security number

Last name

First name

Middle initial

Employer agency/subagency code

Employer name

What LTD insurance error needs correcting?

Employee-paid LTD coverage was reduced, but not keyed.

Employee-paid LTD coverage was elected by the school employee, but not keyed.

Coverage level for employee-paid LTD was keyed incorrectly.

Employee-paid LTD coverage was declined by the school employee, but not keyed.

School employee's salary was keyed incorrectly.

Other:

Date of keying error

Date coverage was corrected

Premium adjustment (*select one*)

Correction resulted in a **higher** coverage amount. School employee agrees to pay \$ _____ in back premiums
from _____ through _____ .

Correction resulted in a **lower** coverage amount. School employee will be refunded \$ _____ for premiums
from _____ through _____ .

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 school employee's and employer's records.

- Employer 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 this form and the supporting documentation that led to their decision.
- If a correction requires a refund per WAC 182-30-060(4)(a)(ii), Standard Insurance Company will refund the most recent 24 months of the school employee overpayments in the form of a premium credit to the employer. The employer will refund the overpayment to the school employee. The employer is responsible for additional months of premium refunds.