

Long-Term Disability (LTD) Insurance Correction Form

**Personnel, payroll, or benefits office:** Use this form to correct an error in which an LTD insurance form originally signed and submitted by the employee was keyed incorrectly. (Instructions are on back.)

Employers 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.

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| Section 1: Subscriber Information | | |
| Social security number | Last name First name Middle initial | Subscriber ID number |
| Agency code/subagency code | Agency name | |

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| Section 2: Correction to Make | | | |
| **What LTD insurance error needs correcting?**  Optional LTD coverage was keyed, but not selected by employee.  Optional LTD coverage was selected by employee, but not keyed.  Benefit waiting period for Optional LTD coverage was keyed incorrectly.  Optional LTD coverage was cancelled by employee, but not keyed. | | | |
| Date of keying error | Benefit waiting period keyed in error  **days** | Date coverage was corrected | Original benefit waiting period requested by employee  **days** |
| Premium adjustment *(select one)*  Correction resulted in an **increase** in coverage. Employee agrees to pay $  in back premiums.  Correction resulted in a **decrease** in coverage. Employee will be refunded  months of premiums totaling $.  Employee chose to **maintain** coverage (including no coverage) that was keyed in error. | | | |

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| Section 3: Signature |
| By signing this form, I declare that the information I have provided is true, complete, and correct.  Agency representative’s printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency representative’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Return form to:

**PEBB Outreach & Training**

**P.O. Box 42684**

**Olympia, WA 98504-2684**

**Long-Term Disability (LTD) Insurance Error or Discrepancy   
Correction Instructions**

The followinginstructions 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 employee was keyed incorrectly.

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| **Note:**   1. Employers **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 the employer’s decision. 2. If a correction requires a refund, per Washington Administrative Code (WAC) 182‐08‐180(1), Standard Insurance Company will refund up to 24 months of employee overpayments (in the form of a premium credit to the employer). |

**To process keying errors:**

1. The employer corrects the error back to the effective date of the error.
2. The employer completes the *LTD Insurance Correction Form*. Provide a copy to the employee, file a copy (plus the supporting documentation) for your records, and send the original form to Standard Insurance Company.
3. If the corrected error results in a higher coverage amount, the employee must pay the difference in premiums back to the effective date of the error.
4. If the corrected error results in a lower coverage amount (including no coverage), refund overpaid premiums to the employee. See Note box above for details on refunds.

**Appeal rights**

Appeals of any of the above decisions or actions are allowable per WAC 182-16.