

PEBB Long-Term Disability (LTD) Insurance 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 employee was keyed incorrectly. Instructions are below.

Employer: 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.

PEBB Long-Term Disability (LTD) insurance error or discrepancy correction 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 employee was keyed incorrectly.

To process supplemental LTD coverage keying errors:

- The employer completes the *LTD Insurance Correction Form*, provides a copy to the 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 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 employee for the most recent 24 months of coverage. See the note above for details on refunds.
- The employer corrects the error back to the effective date of the error.

Appeal rights

An employee who does not agree with a decision made by their employer or the PEBB Program may appeal the decision by submitting an appeal **within 30 days**, as outlined in WAC 182-16.

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Employee Information

Social Security number

Subscriber ID number

Employer name

Employer/agency code/sub-agency code

Last name

Middle initial

First name

