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.

1	Employee Information	
Social Security number	Subscriber ID number	
Employer name		Employer/agency code/sub-agency code
Last name		Middle initial
First name		

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Correction to Make

What LTD insurance error needs correcting?

Supplemental LTD coverage was keyed, but not elected by employee.

Supplemental LTD coverage was elected by employee, but not keyed.

Benefit waiting period for supplemental LTD coverage was keyed incorrectly.

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

Employee's salary was keyed incorrectly.

Other

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 \$

Other:

Signature

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

Employees's signature Date

Please note:

- Make copies of this form for the employer's records and the employee.
- 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 their decision.
- If a correction requires a refund, per Washington Administrative Code (WAC) 182-08-187 (4)(b)(ii), Standard Insurance Company will refund the most recent 24 months of employee overpayments (in the form of a premium credit to the employer). The employer is responsible for additional months of premium refunds.