

Request for Information and Records In Response to Initial Denial of Disability Benefit Claim

I am in receipt of the initial denial of my claim for disability benefits under the AT&T Disability Income Plan. Pursuant to 29 U.S.C. Section 1133 and 29 C.F.R. section 2560.503-1 (g) and (h), I hereby request the following be provided to me immediately free of charge:

1. A description of any additional material or information necessary to perfect my claim and an explanation of why such material is necessary;
2. If any internal rule, guideline(including the return to work "Best Practice" guideline), protocol, or other similar criterion was relied upon in making the adverse determination, a specification of such internal rule, guideline(including the Return to work "Best Practice" guideline), protocol or other similar criterion, and a copy of any such internal rule, guideline(including the return to work "Best Practices" guidelines), protocol or other similar criterion;
3. If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination, applying the terms of the plan to my medical circumstances;
4. Copies of all documents, records and other information relevant to my claim for benefit, including all JURIS notes, return to work "Best Practices" guidelines, within the meaning of 29 C.F.R. Sections 2560.503-1 (h)(2)(III) and 2560.503-1 (m)(8).
5. In accordance, I also request copies of all written opinions, recommendation, or memoranda of medical advisors or physician advisors, or licensed medical doctors, whose written opinions, recommendations or memoranda played any basis in the decision to deny my claim.

Printed name _____

Date _____

Signature _____

SSN _____

Claim number _____

