



## DISABILITY INSURANCE PROGRAM (DIP)

### SHORT TERM DISABILITY (STD) CLAIM APPEALS PROCESS

#### INITIAL CLAIM FILING OR REQUEST FOR BENEFIT EXTENSION

1. Employee files an initial STD claim or a request for an extension of STD benefits with The Hartford.
2. The Hartford reviews the claim and approves or denies the request for STD benefits or the request for an extension of STD benefits.
3. **IF** STD benefits are **DENIED OR TERMINATED**, The Hartford provides the employee and the employing organization with the reasons for the denial or termination in writing by certified mail, return receipt requested within 10 days of the decision to deny or terminate benefits.

#### LEVEL I APPEAL – ADMINISTERED BY THE HARTFORD

4. The employee may file an appeal with The Hartford within 90 days of the postmark date of the notice to deny or terminate benefits from The Hartford. The written appeal should be addressed and mailed to the following address:

Benefit Management Services  
Atlanta Disability Claim Office  
**RE: DISABILITY APPEAL**  
The Hartford  
P.O. Box 14301  
Lexington, KY 40512-4301  
Tel: (800) 549-6514/ Fax: (866) 411-5613

5. The Hartford approves or denies the appeal then provides written notice by certified mail, return receipt requested to the employee, the employing organization and the Statewide Benefits Office within 10 days of the decision date.

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### SHORT TERM DISABILITY (STD) CLAIM APPEALS PROCESS (CONT'D)

#### LEVEL II APPEAL – ADMINISTERED BY THE STATE OF DELAWARE

6. **IF DENIED**, the employee may file an appeal of the denial in writing to the Appeals Administrator within 20 days of the postmark date of the decision notice from The Hartford. The written appeal should be emailed, mailed or faxed to:

Appeals Administrator  
**RE: DISABILITY APPEAL**  
Statewide Benefits Office  
841 Silver Lake Boulevard, Suite 100  
Dover, DE 19904  
Tel: (800) 489-8933/ Email: [benefits@delaware.gov](mailto:benefits@delaware.gov) / Fax: (302) 739-8339

7. The Appeals Administrator from the Department of Human Resources (or his/her designee) shall conduct an internal review of the appeal and provide written notice of the decision to the employee, the employing organization and The Hartford within 30 days of speaking with the employee.

#### LEVEL III – ADMINISTERED BY THE STATE OF DELAWARE

8. **IF THE DENIAL IS UPHELD**, the employee may file a written appeal to the State Employee Benefits Committee (SEBC) within 20 days of the postmark date of this letter. Your written appeal request should be emailed, mailed or faxed to:

Co-Chair, State Employee Benefits Committee (SEBC)  
**RE: DISABILITY APPEAL**  
Department of Human Resources  
841 Silver Lake Boulevard  
Rodney Building, Suite 100  
Dover, DE 19904  
Tel: (302) 739-4195 / Email: [SEBC@delaware.gov](mailto:SEBC@delaware.gov) / Fax: (302) 739-3000

9. The SEBC receives the appeal and:
- Identifies an appropriate officer from the Department of Human Resources as the Hearing Officer. The Hearing Officer conducts a hearing and submits a report to the SEBC within 60 days of the date of the hearing. The SEBC accepts or modifies the report and notice of the decision is postmarked to the employee within 60 days; **OR**
  - Hears the appeal and notice of the decision is postmarked to the employee within 60 days of the hearing.

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### SHORT TERM DISABILITY (STD) CLAIM APPEALS PROCESS (CONT'D)

#### LEVEL IV – ADMINISTERED BY SUPERIOR COURT

10. **IF THE DENIAL IS UPHELD**, the employee may appeal the decision to the Delaware Superior Court within 30 days of the postmark date of the decision from the State Employee Benefits Committee.