



## 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 with the reasons for the denial or termination in writing by certified U.S. mail and electronically (if the employee signed up to receive communications electronically from The Hartford), return receipt requested within 10 days of the decision to deny or terminate benefits. The employing organization is also advised by The Hartford of the denial or termination.

### LEVEL I APPEAL – ADMINISTERED BY THE HARTFORD

4. **IF THE EMPLOYEE DISAGREES WITH THE HARTFORD'S DETERMINATION**, the employee may file an appeal with The Hartford within 90 days of the postmark date of the certified notice from The Hartford containing their decision to deny or terminate benefits. The written appeal should be mailed or faxed to the following address:

**RE: DISABILITY APPEAL**

The Hartford  
P.O. Box 14868  
Lexington, KY 40512  
Tel: (877) 484-9731/ Fax: (833) 357-5152

5. The Hartford approves or denies the appeal then provides written notice by certified U.S. mail and electronically (if the employee signed up to receive communications electronically from The Hartford), return receipt requested to the employee within 10 days of the decision date. The employing organization and the Statewide Benefits Office are also advised by The Hartford of the appeal determination.

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

6. **IF THE EMPLOYEE DISAGREES WITH THE LEVEL I APPEAL DETERMINATION**, the employee may file an appeal in writing to the Appeals Administrator within 20 days of the postmark date of the certified notice from The Hartford containing their decision. The written appeal should be emailed, mailed, or faxed to:



## **DISABILITY INSURANCE PROGRAM (DIP) SHORT TERM DISABILITY (STD) CLAIM APPEALS PROCESS**

Appeals Administrator

**RE: DISABILITY APPEAL**

Department of Human Resources, 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

### **The written request must include:**

- The employee's name and ID number
  - The "State of Delaware" as the name of the program sponsor
  - The employee's disability claim number, and
  - Any new information that was not previously submitted to The Hartford. This could mean medical records, test results, or other documentation that supports why the employee is unable to perform the essential duties of their occupation.
7. The Appeals Administrator from the Department of Human Resources, Statewide Benefits Office (or their designee) shall conduct an internal review of the appeal and provide the decision notice to the employee by email (if available), regular U.S. mail, and certified U.S. mail within 30 days following receipt of the written appeal. The employing organization and The Hartford are also advised of the appeal determination.

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

8. **IF THE EMPLOYEE DISAGREES WITH THE LEVEL II APPEAL DETERMINATION**, the employee may file a written appeal to the State Employee Benefits Committee (SEBC) within 20 days of the postmark date of the certified notice from the Appeals Administrator from the Department of Human Resources, Statewide Benefits Office containing their decision. The written appeal request should be emailed, mailed, or faxed to:

State Employee Benefits Committee (SEBC)

**RE: DISABILITY APPEAL**

Department of Human Resources

841 Silver Lake Boulevard, Suite 100

Dover, DE 19904

Tel: (302) 739-4195 / Email: [sebc@delaware.gov](mailto:sebc@delaware.gov) / Fax: (302) 739-3000



## **DISABILITY INSURANCE PROGRAM (DIP) SHORT TERM DISABILITY (STD) CLAIM APPEALS PROCESS**

**The written request must include:**

- The employee's name and ID number
- The "State of Delaware" as the name of the program sponsor
- The employee's disability claim number, and
- Any new information that was not previously submitted to The Hartford. This could mean medical records, test results, or other documentation that supports why the employee is unable to perform the essential duties of their occupation.

9. The SEBC receives the appeal and:

- a. Identifies an appropriate officer from the Department of Human Resources as the Hearing Officer. The Hearing Officer conducts a hearing with the employee 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 sent by email (if available), regular U.S. mail, and certified U.S. mail postmarked to the employee within 60 days; **OR**
- b. Hears the appeal and notice of the decision is sent by email (if available), regular U.S. mail, and certified U.S. mail postmarked to the employee within 60 days of the hearing.

### **LEVEL IV APPEAL – ADMINISTERED BY DELAWARE SUPERIOR COURT**

10. **IF THE EMPLOYEE DISAGREES WITH THE LEVEL III APPEAL DETERMINATION**, the employee may appeal the decision to the Delaware Superior Court within 30 days of the postmark date of the certified notice from the State Employee Benefits Committee containing their decision.