



MARC WHITEHEAD & ASSOCIATES
ATTORNEYS AT LAW, LLP

DISABILITY DENIED By CIGNA?

*How to Prevail When
CIGNA Won't Pay*

Marc Whitehead, Esq.

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INTRODUCTION

CIGNA IS 4TH LARGEST DISABILITY INSURANCE PROVIDER IN THE U.S.

Since it was formed in 1982, CIGNA has grown to become the fourth largest provider of disability insurance in the U.S., claiming 7 percent of the market.

Perhaps you experienced a bad reaction to a medical therapy that has left you lethargic and with a compromised immune system. Or maybe an accident around the home or on the road has left you with limited mobility and in need of medication to deal with chronic pain. Whatever your unique situation is, you expected your disability insurer to provide fair and complete coverage.

Frustratingly, your experience with CIGNA has most likely been anything but simple and easy.

Since it was formed in 1982, CIGNA has grown to become the fourth largest provider of disability insurance in the U.S., claiming 7 percent of the market. Its offerings include group short term and long term disability insurance for companies with 51 or more employees. Today, it provides disability coverage to 4.3 million people in the U.S. through more than 5,100 employer group policies.

CIGNA's practices have evoked controversy over the years. In 2011, the California Nurses Association/National Nurses United charged that the company denied 39.6 percent of all claims. In 2013, the insurance commissioners of California, Connecticut, Maine, Massachusetts and Pennsylvania announced they had reached a settlement with CIGNA over its claims handling practices. The insurer agreed to re-evaluate many denied claims and set aside \$77 million to cover projected payments to people whose claims were not handled properly. CIGNA also paid \$1.6 million in fines and fees to these five states.

We have written this book to give you a 20,000 foot perspective on how and why to fight back against your long term disability (LTD) denial and **prove your CIGNA claim**. Although this isn't legal advice, it can help you understand how to get the money and fair treatment you need to take care of yourself and your family, pay for therapy and doctor's bills, and feel more optimistic about the future.

Need insight into your Cigna claim?

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or learn more at www.DisabilityDenials.com.



WHAT IS DISABILITY INSURANCE?

Did you know?

You do not get the opportunity to provide new information when you are filing a lawsuit about a disability claim denial. If you don't include all of the facts and records to support your claim when you file an administrative appeal, you will not be able to present them to the court if you end up suing the insurer.

The concept of disability insurance is a good one: to provide economic protection for workers who can't remain on the job (short term or long term) because they have suffered an injury or become ill. Insurers introduced disability policies in the 1980s, thinking they would be profitable. But they calculated wrong. Insurers lost money because they overpromised benefits.

To dig themselves out of this hole, insurance companies began finding ways to reduce disability payouts. This meant denying claims and re-examining and cutting off claims that they were already paying.

As a result, many people who have paid their disability premiums and expected coverage have been denied benefits when they really needed them.

An insurance company like CIGNA can take advantage of policy loopholes to deny disability benefits to someone who has a legitimate injury or illness. As a policy holder, you do have the right to appeal the company's decision, but it's tough to win your case unless you understand the laws regulating disability claims.

Did you know, for example, that you do not get the opportunity to provide new information when you are filing a lawsuit about a disability claim denial? If you don't include all of the facts and records to support your claim when you file an administrative appeal, you will not be able to present them to the court if you end up suing the insurer.

That's why it is so important to work with an attorney who handles ERISA (Employee Retirement Income Security Act) claims on a daily basis. You need to present your strongest arguments right from the start if you want to be successful in claiming and receiving your disability benefits.

CASE STUDY #1: *Kassa v. Plans Admin. Comm. Of Citigroup, Inc.*, Filed in U.S. District Court for the District of New Mexico, June 30, 2011

In this case, Nikki Kassa, the Plaintiff, sought a judgment from a group accidental death policy. Per Court records, "The plan administrator incorrectly determined that a bone fracture accident did not cause death where the decedent died from complications from the accident that aggravated his cardiovascular disease. Because the death resulted from bodily injuries caused by an accident, the death was not excluded under the sickness exemption."

After all was said and done, the Plaintiff succeeded in obtaining substantial benefits from the insurer, including "the policy amount, pre- and post-judgment interest, attorneys' fees and costs."

SHORT TERM, LONG TERM, CATASTROPHIC – WHAT IS THE DIFFERENCE?

How Long Can I Receive LTD Benefits?

LTD benefits will cover some portion of your salary for a period of up to 24 months if you can prove that you are not capable of working at your own job. This is also known as the own occupation rule. If you can prove you are disabled past that point – and insurers scrutinize this very closely – you may qualify for LTD benefits until you reach age 65.

There are two ways that people usually obtain disability coverage. First, you can obtain it on your own, through an individual policy purchased from an insurance broker. That's not relevant in this case, because CIGNA does not offer individual disability policies.

The second way to obtain disability coverage is through your employer. CIGNA sells its disability policies through employers' group benefit policies. Not all of CIGNA's disability plans are the same, however. The company can and does vary the language of policies according to the employer and the state in which it is offering the policy. The only way to know what is actually in your policy is to get a copy of it from your employer and read it for yourself.

Although some details may differ, there are basically three different types of disability coverages available:

Short Term Disability Coverage (STD)

When you're out of work because of illness or injury for a brief period of time (one week to six months), your short term disability benefits should provide at least part of your salary or weekly pay. Insurers do not generally cover these costs; your employer does. That often makes it easier to get approved for STD benefits.

Applying for STD benefits is the first step in requesting long term disability benefits as well.

Long Term Disability Coverage (LTD)

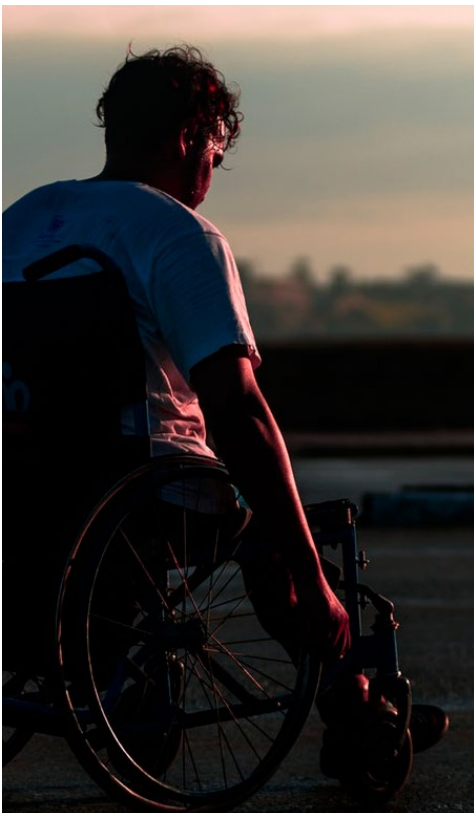
If it looks like your injury or illness is going to keep you out of work for more than six months, or even indefinitely, you will need to apply for long term disability benefits. Even if everyone agrees that you have suffered a permanent injury, you cannot apply directly for LTD benefits. LTD takes over only when you have exhausted the short term disability payments to which you are entitled.

Catastrophic Coverage

You can apply for catastrophic coverage benefits when your illness or injury is so severe that you can no longer perform the simple routines of daily living, such as dressing, bathing or feeding yourself. The policy should provide someone such as a home health care worker to help you handle these everyday tasks.

IMPROVE YOUR CHANCES OF WINNING DISABILITY BENEFITS

! Don't miss deadlines for filing initial claims and appeals.



To increase your chance of success in your initial application, follow these steps:

1. Be careful and accurate when filling out forms.

Insurers often ask the same question over and over (in slightly different ways). Consider each question carefully before you respond, and make sure your answers are consistent throughout the application. Do not describe your limitations in terms of absolutes such as "always" or "never."

2. Make sure you understand your policy.

Do you know what pre-existing conditions your policy excludes? How your benefits from your short term disability policy and long term disability policy work together? If your disability benefits will be reduced by offsets like workers comp payments or Social Security Disability? Read your policies to find out.

3. Focus your application on the issues most likely to win you benefits.

Concentrate on medical and functional issues that your policy doesn't exclude.

4. Get your Social Security Disability application completed.

CIGNA will require that you file for SSD as well as your policy's disability benefits, usually within a year.

5. Get your doctors prepared.

You'll need them to fill out forms and answer calls from the insurer, so ask your physicians to be on the lookout for any correspondence from the insurance company. Request politely that they act promptly so you meet application deadlines. Make sure your insurance company has the right address and phone number for your doctors.

Need insight into your Cigna claim?

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CIGNA's Denial Tactics

Private

Investigators:

CIGNA may hire private investigators to videotape your activities, hoping they can catch you performing some physical activity your disability shouldn't let you do.

CIGNA's Doctors & Nurses:

Even if they have never seen you or treated you, CIGNA's own doctors can still disagree with your doctor's diagnosis.

6. Get a consistent job description.

Your ability to do your job depends on its requirements. Make sure that your description and your employer's description of your job requirements match. Ask your doctor to clearly explain why, based on that description, you cannot do the job any more.

7. Expect the insurer to use video surveillance.

CIGNA and other insurers may hire private investigators to videotape your activities, hoping they can catch you performing some physical activity your disability shouldn't let you do. Investigators don't have the right to make an unannounced visit; you are within your rights if you ask someone who shows up at your door to make an appointment to talk with you.

8. Don't go it alone.

No insurance company wants to pay out benefits, but an attorney who specializes in the complex and complicated issues of federal ERISA law can improve your chance of success. For the best results, retain a lawyer before you file your initial application – and if you have to appeal, do not do it without talking to an ERISA attorney first.



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PROVING YOUR DISABILITY CLAIM

The insurance company has the deck stacked in its favor when it decides whether it will approve your disability claim. It not only defines what a disability is under your policy, but it also interprets that definition.

- **Doctors and nurses from CIGNA will look at your records and make their own decisions** about your diagnosis. Even if they have never seen you or treated you, they can still disagree with your doctor's diagnosis.
- **Insurers do not accept SSD's disability determinations either.** The rules for receiving Social Security Disability benefits are different than those for most disability plans. Insurers say that means they don't have to award you disability benefits, even if SSD has.
- **They might use vocational reviews to find jobs that they say you can do.** A vocational analyst hired by the insurer may evaluate your residual functional capacity (RFC) based on the categories below. If the insurer can find you work based on your RFC, it can reduce or eliminate your disability benefits.

RFC Levels



Sedentary

lifting up to 10 pounds and sitting up to six hours a day. This is typically an office job.



Light

occasionally lifting and carrying 10-20 pounds and standing or walking as many as six hours a day. A security guard would fit in this category.



Medium

lifting up to 50 pounds and standing or walking all day. This would include a nursing job, for example.



Heavy

lifting up to 100 pounds;



Very heavy

lifting more than 100 pounds. Both of these final two categories could include construction workers.

HOW CIGNA DETERMINES YOUR RFC

**4.3
MILLION**

Cigna today provides disability coverage to 4.3 million people in the U.S. through more than 5,100 employer group policies.

Your RFC category relates to the type of work that you are capable of doing for a 40-hour work week, taking into consideration the physical and mental effects of your disability. So how does CIGNA decide on your RFC?

- It will consider the pain you're experiencing.
- It looks at how the disability has impaired your mental capacity. Can you still interact effectively with your supervisors and your coworkers? Can you comprehend and remember directions for doing your job? Can you carry those directions out?
- The insurer looks at your medical history and at your doctors' observations about your capabilities. It may also gather information from social workers and/or your family members about what you can and cannot do.
- CIGNA will consider how the time you would need for treatment for your disability (doctors' appointments, therapy sessions, etc.) would impact a normal work schedule.
- It will assess your skills to identify the kind of work that you actually could do.

Compatible jobs and the "own occupation" standard

Insurers determine whether or not you're entitled to LTD disability benefits in the first 24 months by looking at your RFC and your current occupation. If you're a nurse who has to be on your feet all day moving from patient room to patient room, a severe leg injury that requires you to keep your leg elevated will preclude you from doing your job.

But after two years (or the time period determined in your specific policy), you have to prove that you are so disabled that you cannot do any job that your education, background and skills qualify you to do. If you are a nurse with an injured leg, maybe you can get a job reviewing patients' files or doing some other type of administrative work that doesn't require standing or moving around.

Fortunately, it is not up to you to find that job. The insurer has to come up with one that pays at least 80 percent of what you were making before you were disabled.

If you qualify for disability benefits and cannot get another job, the insurer will usually pay you up to age 65 (retirement age).

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INSURERS' CLAIM-DENYING TACTICS



CIGNA wants to remain profitable, so it will try to boost its profits by finding ways to deny claims. The company may:

- **Farm your case out to several medical experts.** These experts never get the total picture of your condition, only a small portion of it. Based on this narrow view, they may determine that your claim isn't valid.
- **Document your activities using video and investigator surveillance.** The insurance company hopes to prove that you are faking or exaggerating your disability by catching you doing something you should not be able to do. It may stretch the truth, asserting that your quick trip to the grocery store proves you can put in a full day's work. Claims people may not even watch the videos themselves, but might decide to deny benefits based on investigators' reports of what they have seen. You can demand to see the video to check whether it has been edited, and ask the claims person if he or she actually viewed the tape personally.
- **Rely on an unreliable functional capacity exam (FCE).** If the vocational analyst does not administer the physical tests for residual functional capacity (RFC) properly, the results will not be valid. But the insurer may try to use this unreliable data to your detriment, denying a valid claim.
- **Accuse you of malingering** (faking a disability to get out of work and get paid) or of **being non-compliant.** The insurer may try to turn down your disability claim because you are not taking the medicine exactly as the doctor prescribed. CIGNA does not want to hear that you cannot take the prescription because you have had a bad reaction or because the medicine has potentially dangerous side effects that you do not want to risk.
- **Try to attribute your disability to stress.** Ever had a bad day (or a bad week or month) on a job? An insurer may talk to your supervisor and/or co-workers to see whether you've had difficulties with them in the past. It may try to claim that your disability came as a result of a stressful environment and that it is therefore not covered under your disability policy.

CASE STUDY #2: Mercer v. Life Ins. Co. of North America, Filed in U.S. District Court for the Western District of Louisiana, Monroe Division, Decided May 22, 2012

Alfred Mercer, the Plaintiff, sought a summary judgment in this lawsuit for ERISA benefits because he argued that the "plan administrator abused its discretion in denying benefits, since its initial and subsequent denial decisions were not supported by substantial evidence."

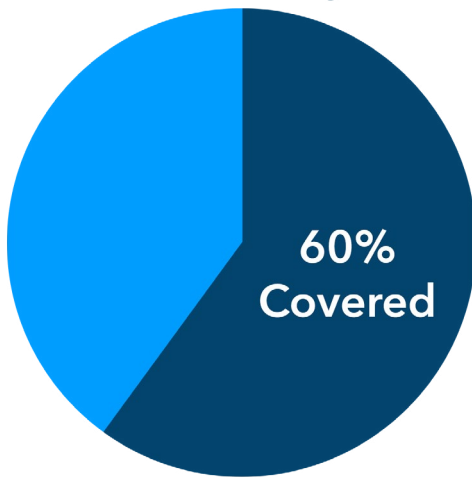
In fact, the Plaintiff showed that no one disputed the material facts of his claim, and the Court agreed that the administrator only looked selectively at evidence and did not speak with a vocational expert about his condition or restrictions.

The Court granted his summary motion, in part.



HOW MUCH WILL YOUR DISABILITY PAYMENTS BE?

Your Normal Paycheck



STD & LTD policies usually cover a little more than half of what you'd receive in your normal paycheck.

While both STD and LTD disability benefits do help out, do not count on them completely replacing your regular wages. They usually cover a little more than half (about 60 percent) of what you'd receive in your normal paycheck. People who work on commission will receive benefits based on an insurance company formula.

Special circumstances

Even if you cannot work at your regular job or own occupation, your employer might be able to find another position for you in the company. If you make 20 percent less than your normal pay in this position, you might be eligible for a **partial or residual disability** benefit to help make up the difference.

If you qualify for workers comp benefits, retirement or retirement disability benefits, and/or benefits from Social Security Disability (SSD) or the state, CIGNA will reduce your disability check by the amount of those other benefits. These reductions are known as **offsets**. The same thing happens if you win a settlement in a lawsuit.

The insurance company that provides your LTD benefit does not get off the hook entirely, however. Even if the offset payments add up to more than what your entire disability insurance payment would be, the insurance carrier would pay out \$100 or 10 percent of what your full benefit would be under your LTD policy.

CASE STUDY #3: Amara v. Cigna Corp, Filed in U.S. District Court for the District of Connecticut, Decided December 20, 2012

This was a class action suit filed by Janice Amara together with other plaintiffs against CIGNA. The issue considered here was whether this group of people who had been denied disability, could be considered a class for the purposes of filing suit. The Court said yes and "ordered the administrator to provide notice, reformed the plan, enjoined the administrator to enforce the plan as reformed and denied [CIGNA's] motion to decertify the class."

Critically, the Court determined that calculating damages in the case would be relatively simple and would not involve "a complex process that would require additional hearings to resolve each individual's case or entail complex individual determinations."

What happens if I get overpaid?

CIGNA and most other insurers expect you to apply for SSD benefits when you apply for your disability insurance benefits. It is not easy to qualify for SSD, and even if you do get approved, it takes time to receive any money, although you will eventually receive back payments from the time that you applied.

Once you begin receiving SSD checks, CIGNA will expect repayment of the money they have already sent you.

The disability insurer generally will offer you a choice: It will withhold the amount of money that it estimates you'll receive from SSD, or you can pay the insurer back once you start getting these checks. Either way, make sure you understand your policy's offset provisions and be prepared to make repayments if necessary.



HOW PRE-EXISTING CONDITIONS COULD AFFECT YOUR BENEFITS

Don't be surprised if the insurer tries to link a problem that you consider unrelated with your current disability.

For Example: Suppose your family physician prescribed some type of relaxant because you were going through a very stressful time in your life. This was nine months before you hurt your back, and before you ever felt a twinge of back pain.

Then you threw out your back trying to lift a heavy box, and the doctor prescribed you the same medicine as before, only this time as a muscle relaxant. The insurance company might scrutinize your medical records and claim that the first prescription shows that you had previous back problems and therefore don't qualify for LTD.

Disability policies typically have a clause that excludes LTD benefits for any problem that is a result of a pre-existing condition or illness. The exclusionary period is generally 12 months, but insurers may look back as far as three years to see whether you've shown any evidence of this condition before.

Mental health limitations

Although CIGNA may pay benefits for mental health problems such as depression or anxiety, it limits such coverage to 24 months. It may also try to use this mental health limitation to the company's advantage by claiming that your disability is mental rather than physical.

Depression is a common side effect when you have been hurt or when you are in constant pain. If you visit a doctor for help with that depression, the insurer may argue that your problem is psychological rather than physical.

Some medicines, especially those prescribed for severe pain, can have unwanted side effects that may make it hard for you to concentrate or think clearly. The insurance company may insist that this is a mental impairment so it can stop paying LTD benefits after 24 months.

When symptoms are hard to document

Insurers like CIGNA seem to be convinced that people are out to fool the system, so they demand hard evidence of injuries (e.g. X-rays or MRIs). But symptoms of some illnesses – such as chronic fatigue – are extremely difficult to document in this way. So is the mental confusion that can be caused by certain prescription medications.

Insurance companies tend to ignore patients' reports of such difficulties and either deny claims initially or cut benefits off after 24 months, claiming they are mental health issues.

WHEN YOUR CLAIM IS DENIED: THE CIGNA APPEAL PROCESS

Anatomy Of A Denial Letter

- The reason for the denial;
- The evidence it used to make that decision; and
- Which of its employees actually looked at the evidence. (This employee could be a doctor, a nurse manager or in some cases just a claims representative.)

Despite your best efforts on the initial application, your CIGNA disability benefits application has been denied. This denial is NOT the end of the road. Now you will need to navigate the CIGNA appeals process.

Once CIGNA decides to reject your disability benefits claim, it will send you a denial letter. The company will have to explain all the important facts about its decision.

Read the denial letter carefully to determine how you can appeal this decision. The company will have to advise you not only of the date by which you must file your appeal but also of the address where you should send it.

Since CIGNA provides disability insurance only through **group policies**, your appeal is handled according to regulations in the Employee Retirement Income Security Act (ERISA).

Unfortunately, this federal law favors insurance companies rather than the individual making the disability claim.

Under ERISA:

- Insurers do not have to consider your own doctors' opinions when making their decisions.
- They do not face any penalties for denying a valid claim.
- You cannot sue for damages.

The best result that you can hope for in an appeal is the judge ordering CIGNA to pay you the benefits due under your policy and perhaps your attorney's fees as well.

Did you know?

It can take as long as a year before you get the final word on whether or not CIGNA will approve your claim this time or once again deny it.

The ERISA Administrative Appeal Process

Unfortunately, an administrative appeal is not a swift process. Here's the timetable:

- CIGNA has 45 days to make its initial decision once you file a claim. The insurer can sometimes extend that deadline up to 60 days.
- Once you appeal, the company has 45 days from the date you submitted the paperwork to consider that appeal. That deadline may be extended by another 45 days.
- If CIGNA denies your appeal, you will have anywhere from several months to three years to file a lawsuit. Check your policy for specifics.

Once you file an appeal, you cannot add any other evidence to the record, even if you take the case to court.

Missing a deadline or neglecting to include a critical piece of evidence can make it impossible for you to ever collect your benefits.

Because of this, filing an appeal of a disability claim denial is not something that you should tackle on your own. An experienced ERISA attorney understands the process, and he or she will make sure that your appeal includes all the essential documentation and information and that all deadlines are met.





Your appeal must include:

- A point-by-point rebuttal of CIGNA's assertions in the denial letter, backed up by the expert opinions from medical and vocational specialists.
- A case record that clearly documents and supports your disability claim, including medical records, physicians' opinions, supporting letters from your employer and from friends.
- A rebuttal of any attempt by the insurer to distort evidence and an explanation of why the medical reviews CIGNA has presented are incorrect in your case.
- The latest medical and scientific findings that support your disability claim.

Your ERISA attorney will help you prepare all this and review your policy carefully to make sure that CIGNA has followed all of the proper procedures as it has handled your claim.

CASE STUDY #4: Williamson v. Life Ins. Co. of North America (LINA), filed in U.S. District Court for the District of Nevada, Decided March 25, 2011

Per court records, the insurance company issued a disability insurance policy to Lavon Williamson through First Command Financial Planning, Inc. that went into effect in the beginning of 2008. At that time, Williamson was a Direct Advisor who supervised other financial advisors for the company. Williamson said that he had been working as an independent contractor for the company for nearly a decade when he submitted a disability claim in May 2009 because of debilitating pain in his neck and shoulders and accompanying migraine headaches. LINA denied his claim, saying that his medical records did not support it. Williamson gathered additional medical reports and documentation to no avail – the claim was still denied.

In April 2010, Williamson filed a Complaint in Court against the insurer, arguing for relief due to "(1) Breach of Contract; (2) Bad Faith; and (3) Unfair Claim Settlement Practices." He argued that LINA treated his claim as if it were governed by ERISA even though the insurer knew it wasn't.

LINA filed a Motion to Dismiss, which the Court denied "because an issue of fact remains regarding whether the Plan qualifies as an ERISA plan."

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FILING A LAWSUIT AFTER LOSING AN ADMINISTRATIVE APPEAL

Did you know?

In federal court, the assumption is that the insurer had a reasonable basis for denying your disability claim, and it is up to you to prove that it did not.

Under ERISA, you must be able to prove that you followed all the administrative steps outlined in your policy before you filed your lawsuit against the insurance company.

If your claim moves through the appeal stages and is still denied by CIGNA, you will file your appeal in federal court, which does not offer consumers as many protections as state courts generally do.

In a state court, you would only have to convince the judge or jury that you really are disabled.

Remember, under ERISA law you are only allowed to sue for the amount of the disability benefits that you could get under the terms of your policy. There is no suing for damages (punitive or compensatory).

You must meet all filing deadlines; if you do not, you will lose any possibility of collecting your LTD benefits.

Things to Know About Your Lawsuit in Federal Court

- A judge will hear your case. There are no juries in ERISA cases.
- You cannot bring in new evidence. (That is why it is so important to make sure you have a solid, well-documented case for your administrative appeal.)
- You will have to prove the insurance company did not have any good reason to deny your claim, based on the evidence you presented in your administrative appeal.
- Even if the judge rules in your favor, he/she can only award you the benefits the company should have paid from the time you filed your claim and direct that the insurer pay your monthly benefit from now on.
- A court decision in your favor does not preclude the insurance company from trying to cut off your benefits in the future, if it decides you are no longer disabled. (Then you will have to begin the whole appeals process over again.)

CHOOSING THE RIGHT DISABILITY ATTORNEY

With your CIGNA LTD policy, you only get one chance to appeal a claim denial to the company. Working with attorneys who specialize in LTD cases will give you the best possible chance of winning that appeal.

Experienced attorneys understand the filing and appeals procedures, and they can make sure that you meet deadlines and present the strongest evidence to bolster your claims.

They understand the case law surrounding long term disability denial lawsuits, as well as how to cite it before the judge.

They know how different insurance companies work, and they may be able to negotiate a settlement for you before the case even goes before a judge.

Choosing the right attorney is an important decision. Here are some factors to consider in your choice:

CASE STUDY #5: Topits v. Life Ins. Co. of North America (LINA), U.S. District Court for the District of Oregon, Portland Division, Decided April 11, 2013

Mark Topits, the Plaintiff, alleged that he was entitled to relief per ERISA, arguing that LINA discontinued disability payments to him that were due to him per the terms of the relationship between LINA and Hawthorn Retirement Group LLC.

Per Court records, "He asserts that he is totally disabled under the terms of the Plan due to the cumulative effects of a stem cell transplant sequelae, including chronic graft versus host disease ("GVHD"), bronchiolitis obliterans, and an incompletely reconstituted immune system."

He sought damages from LINA of \$978 per month for every month from May 2011 through April 2013, saying that because he was totally disabled, he should have received those payments. He also sought attorney's fees and costs as well as pre- and post-judgment interest. After filing a Motion for Summary Judgment, the Court entered a judgment in favor of Topits.

Topits appeared again in court in September 2013, in part because LINA objected to Judge Stewart's decision. The insurer claimed he "lacked jurisdiction to conduct a bench trial on the administrative record" and argued that "LINA properly discontinued Mr. Topits' LTD benefits." The Court disagreed and affirmed that "Mr. Topits is entitled to LTD benefits under the terms of the Plan."

Make sure you work with actual lawyers.

Some so-called ERISA experts may be willing to handle your case and charge you a fee, but if they are not attorneys, they will not be able to take your case to court if you lose the administrative appeal. You can simplify a difficult and complex process by working with an attorney from the start.

Determine the attorneys' ERISA/disability law experience.

How many cases do they try each year, and how long have they been doing it? Do they focus a lot on this area of the law, or do they work on diverse cases?

With so much riding on the outcome of your appeal or lawsuit, this is not the time to risk your future on someone who is not up to speed on the latest developments in this field.

Ask how prospective attorneys have contributed to the field of ERISA/disability law.

Have they written papers about disability law, and can you read them? Has the legal community awarded them any honors or distinctions in recognition of their contributions? Awards indicate the attorneys have earned the respect of their peers.

Check social media sources.

There are many online resources that may help you get a feel for what working with a particular attorney would be like:

- Look for reviews on Google, Yahoo and Yelp. (Consider the consensus of opinions; do not be thrown off by one or two bad reviews.)
- Check out martindale.com, which uses anonymous peer review surveys to rate lawyers.
- Consider Avvo.com, which assigns attorneys a 1-10 rating based on their experience and the reputation they have earned in the legal community.
- Go to Super Lawyers if you are looking for a high achiever in disability law.

MARC WHITEHEAD & ASSOCIATES WILL HELP YOU FIGHT

**Marc Whitehead
& Associates,
Attorneys at Law**
is a disability law
firm based in
Houston, Texas,
that serves clients
across the nation.



You are not at your best when you're preparing to file a disability claim. You're probably fighting with an illness or living with pain and may have other problems from an injury. You are also dealing with the financial and emotional implications of your disability.

Under these circumstances, it is difficult to think clearly, act wisely and meet deadlines. But that is exactly what you need to do to get the disability benefits you deserve under the policy that you have paid into.

Disability law is complex and demanding. The insurers have lawyers who specialize in looking out for their best interests (i.e. in finding ways to save money by denying claims). Shouldn't you have that same kind of seasoned, aggressive help on your side during this process?

Founding partner Marc Whitehead is a skilled and experienced litigator with a thorough understanding of the disability insurance industry. Our litigation practice in both private long term disability coverage and group (ERISA) claims has earned us extensive experience and respect in the state and federal court systems.

Our law firm was founded on the principles of skill, integrity and professionalism, and we pride ourselves on delivering exceptional personal service and unparalleled results in obtaining disability benefits for those who have been unfairly denied.

When CIGNA has denied your disability claim, **you get only one chance to document the reasons why this decision was wrong.** Our experienced ERISA attorneys know how to gather medical records, physicians' reviews and other supporting material to create the strongest possible case for your claim.

We also invite you to download our free ebook, ***Disability Insurance Policies: How to Unravel the Mystery and Prove Your Claim,*** for a more detailed treatment of this subject.

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