

ERISA APPEAL CHECKLIST

DON'T MISS CRITICAL STEPS

Before You Start

- ✓ **Confirm your deadline**
Check denial letter for appeal deadline (usually 180 days)
- 📅 **Calendar multiple reminders**
Set alerts at 30, 60, 90, and 120 days
- 📁 **Request your complete claim file**
from insurer (they have 30 days to provide)

- 📄 **Review your plan documents**
for specific appeal procedures

- 🕒 **Do NOT miss the deadline**
ERISA doesn't allow extensions



Gather Medical Evidence

- 📄 **Obtain all medical records**
since your disability began
- 👤 **Request treating physician statement**
addressing specific job limitations
- 🔍 **Get specialist evaluations**
if primary doctor isn't a specialist
- 📋 **Document treatment compliance**
(medications, therapy, appointments)

- 🩸 **Collect objective test results**
(MRIs, X-rays, blood work, etc.)

- 📄 **Request Functional Capacity Evaluation**
if applicable

- 📄 **Obtain mental health records**
if applicable (therapy notes, psychiatric evaluations)



Address the Denial Reasons

- ✓ **List each denial reason** from the letter
- ✓ **Gather evidence countering** each specific reason
- ✓ **Get medical opinion letters** addressing insurer's arguments

- ✓ **Obtain vocational assessment** if "any occupation" is at issue
- ✓ **Challenge IME reports** with your own medical evidence
- ✓ **Document failed treatments** and why you can't improve

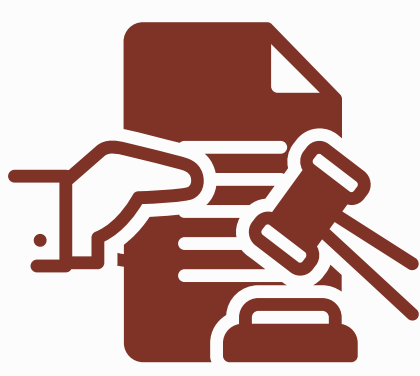
Build Your Appeal File

Employment Documentation

- ✓ **Detailed job description** with physical/mental requirements
- ✓ **Performance reviews** showing good work history
- ✓ **Attendance records** showing increased absences
- ✓ **Employer statement** about your inability to work
- ✓ **Accommodation attempts** that failed
- ✓ **Coworker statements** about your struggles (if helpful)

Financial Records

- ✓ **Tax returns** showing income history
- ✓ **Pay stubs** from before disability
- ✓ **SSDI award letter** (if approved)
- ✓ **Other disability benefits** documentation
- ✓ **Monthly expense documentation** showing financial need



Prepare Your Appeal

- ✓ **Write detailed personal statement** about your limitations
- ✓ **Highlight key evidence** supporting your claim
- ✓ **Create day-in-the-life documentation** (journal, photos)
- ✓ **Address each plan requirement** specifically
- ✓ **Organize medical records** chronologically
- ✓ **Include legal arguments** if applicable

Common Mistakes to Avoid

- ✗ Don't submit new evidence after appeal deadline
- ✗ Don't forget to keep copies of everything
- ✗ Don't assume the insurer has all your records
- ✗ Don't submit illegible documents
- ✗ Don't use vague statements like "I can't work"
- ✗ Don't ignore mental health impacts

Before Submitting

- Review appeal for completeness
- Check all documents are legible
- Confirm you've addressed each denial reason
- Make complete copies for your records
- Send via certified mail with return receipt
- Email copy if allowed (check plan procedures)
- Calendar follow-up dates

After Submission

- Confirm receipt within 5 business days
- Track 45-day decision deadline
- Respond promptly to any requests
- Don't provide statements without reviewing
- Consider legal help if denied again

Red Flags: When You Need an Attorney NOW

- 🚩 Deadline is less than 60 days away
- 🚩 Multiple previous denials
- 🚩 Complex medical conditions
- 🚩 High-value claim (executive/professional)
- 🚩 "Any occupation" standard applies
- 🚩 Mental health as primary or secondary condition
- 🚩 Surveillance was conducted

Need Help?

Request a Consultation: Let us review your denial letter and consider a strategy.

📞 (312) 561 - 4040