

CLAIMS REVIEW PROCEDURE

NOTICE OF DENIAL OF CLAIM

The Director of Employee Benefits shall provide written notice to an eligible Employee or beneficiary whose claim for benefits is denied. The notice shall include the specific reason or reasons for denial, including reference to the Plan provision upon which denial is based, and a description of additional material or information necessary to complete the claim, including an explanation of the claims review procedure.

APPEAL FROM DENIAL OF CLAIM

An eligible Employee or beneficiary whose claim for benefits under Chapters 55:03:02 through 55:03:05 is denied may appeal to the Director of Employee Benefits within 30 days after receipt of the notice of denial. The Director of Employee Benefits shall investigate and make a decision within 30 days after receipt of the complaint. The eligible Employee or beneficiary may appeal the decision of the Director of Employee Benefits to the Commissioner of the Bureau of Personnel within 30 days after receipt of the decision.

APPEAL PROCEDURE

An eligible Employee or beneficiary who desires to appeal the decision of the Director of Employee Benefits regarding the denial of the claim shall submit the claim and the remedy sought in writing within 30 days to the Commissioner of the Bureau of Personnel. The Commissioner may request the Office of Hearing Examiners to hold an administrative hearing on the denied claim.

DECISION OF COMMISSIONER APPEALABLE

The Commissioner's decision on the review of a denied claim shall be made within 60 days after the Commissioner receives the proposed decision from the Office of Hearing Examiners for review. The final decision of the Commissioner of the Bureau of Personnel may be appealed to the circuit court in accordance with SDCL 1-26.

LEGAL ACTION

No legal action or suit to recover on the Policy may be started before 60 days after written proof of loss has been furnished. Further, no such action or suit may be brought more than six years after the time such proof must be furnished. But, if either time limit is less than permitted by state law where the Employee or covered dependent resides when the loss occurs, that limit is extended to agree with the smallest limit the law of that state allows.

FAILURE TO COMPLY WITH TIME LIMITS

Failure by an eligible Employee or beneficiary whose claim has been denied to comply with time limits in the State of South Dakota administration rules constitutes a withdrawal of the claim. Failure of the Director of Employee Benefits or the Commissioner to comply with the time limits allows the claimant to initiate the next successive step of the procedure. A party may agree to a time extension requested in writing by the other party.

DELIVERY REQUIREMENTS FOR WRITTEN NOTICE

A written notice shall be delivered personally or mailed. The notice is effective on the date of receipt.