

REQUEST FOR INFORMATION AND RECORDS IN RESPONSE TO INITIAL  
DENIAL OF DISABILITY BENEFIT CLAIM

I am in receipt of the initial denial of my claim for disability benefits under the SBC Disability Income Plan. Pursuant to 29 U.S.C. Section 1133 and 29 C.F.R. Section 2560.503-1 (g) and (h), I hereby request the following be provided to me immediately free of charge:

1. A description of any additional material or information necessary to perfect my claim and an explanation of why such material is necessary;
2. If any internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, a specification of such internal rule, guideline, protocol or other similar criterion, and a copy of any such internal rule, guideline, protocol, or other similar criterion;
3. If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination, applying the terms of the plan to my medical circumstances; and
4. Copies of all documents, records, and other information relevant to my claim for benefits, within the meaning of 29 C.F .R. Sections 560.503- , 1 (h)(2)(iii) and 2560.503-1 (m)(8).
5. Further, in accordance with the Settlement Agreement and Full Release entered into between Communications Workers of America, AFL-CIO, et al. vs. Southwestern Bell Corporation Sickness and Accident Disability Benefit Plan, et al., Civil Action No. MO-89-CA-273 in the United States District Court for the Western District of Texas, Midland Division, I request copies of all written opinions, recommendations, or memoranda of medical advisors or physician advisors, or licensed medical doctors, whose written opinions, recommendations, or memoranda played any basis in the decision to deny my claim.

MAIL TO:

\_\_\_\_\_ Printed Name

AIDSC  
PO Box 61569  
King of Prussia, PA 19406

Signature

or Fax to 1 866-244-4627

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date