

Article V — Claims Procedure

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Article V — Claims Procedure

§ 17-501 Filing a Claim.

A Participant, Beneficiary, or Alternate Payee shall make a claim for benefits under this Plan by filing a written request with the Administrator on a form supplied by the Administrator.

§ 17-502 Notice of Denial.

If the Administrator denies a request for benefits under § 17-501 in whole or in part, it shall notify the claimant of the same in writing within 60 days of the date the request was filed with the Administrator. Any notice of denial shall contain—

- (a) the reason for the denial;
- (b) specific references to the Plan provisions on which the denial is based;
- (c) a description of any additional information needed to perfect the claim and an explanation of why such information is necessary; **and**
- (d) an explanation of the Plan's claim procedure, including the opportunity for review under § 17-503.

§ 17-503 **Review of Denial.**

(a) **Petition.** Within 60 days of the receipt of a notice of denial under § 17-502, a claimant may petition the Administrator in writing for a review of the denial.

(b) **Rights.** With respect to any review under this Section, the claimant shall have the right—

- (1) to a hearing;
- (2) to representation;
- (3) to review pertinent documents;
- (4) to submit comments in writing within 60 days of the receipt of the notice of denial under § 17-502; and
- (5) to all rights afforded under subsection (d).

(c) **Decision.** The Administrator shall issue a written decision at the conclusion of a review under this Section within 60 days following its receipt of a petition for such review under subsection (a). Such decision shall give specific reasons for the decision and provide specific references to the plan provisions on which it is based.

(d) **Compliance with Local Agency Law.** All reviews under this § 17-503 shall comply with the provisions of the Local Agency Law, 2 PA. CONS. STAT. § 551 *et seq.*