2712-1 Dispute Between Department and a Voluntary Plan Where Claim Filed with the Department

(a)

If an individual files a claim for   disability benefits or Family Temporary Disability Insurance benefits with the   department and the department determines that the claimant is eligible for   benefits, but that such benefits are payable from a voluntary plan and not from   the Disability Fund, the department shall immediately forward a copy of the   claim and any medical and other records relating thereto to the voluntary plan   insurer, or employer if it be a self-insured plan, with a request that benefits   be paid from the voluntary plan. If any payment has been made from the   Disability Fund, a statement of such payments and a request for reimbursement   shall also be forwarded with the copy of the claim. If the voluntary plan   insurer or self-insurer concedes coverage and eligibility, prompt reimbursement   shall be made to the Disability Fund and the claimant shall be promptly paid   the accumulated excess of benefits, if any, to which he or she is entitled. If   the voluntary plan insurer or self-insurer denies coverage, it shall immediately so notify the department and the claimant in writing, giving its reason for the denial and, in such event, the department shall immediately pay benefits under the claim.

(b)

If a   voluntary plan insurer or self-insurer fails to give notice of acceptance or

denial of coverage within twenty-five (25) days after a copy of the claim is   mailed or delivered to it, as provided in subdivision (a) of this section, such   failure shall be deemed to be a denial of coverage, and the department shall   immediately pay benefits under the claim.