

Court Holds that Benefit Denial Letters Must Disclose Limitations Period for Judicial Review

September 10, 2015

The Third Circuit U.S. Court of Appeals, in *Mirza v. Insurance Administrator of America, Inc.*, recently held that a notice of benefit denial under ERISA must include a statement of any time limits for filing a claim for judicial review in order for such limits to be enforceable under ERISA. The claimant exhausted the internal appeals process under the employer's group health plan and received a final benefit denial letter from the claims administrator. Although the letter included a statement of the claimant's right to bring a civil action under Section 502 of ERISA, the letter did not mention the plan's one-year limitations period for filing a lawsuit. The federal district court dismissed the lawsuit as being time-barred because notice of the limitations period was contained in the plan's summary plan description ("SPD"). In reversing, the Third Circuit held that regardless of whether the claimant had notice of the plan's limitations period from the SPD, ERISA's claims regulations require a final benefit denial notice to disclose the plan's applicable time limits for bringing suit. Given the Sixth Circuit's similar decision in the recent case of *Moyer v. Metropolitan Life Ins. Co.*, ERISA plan administrators and claims fiduciaries should ensure that any time limits for judicial review imposed by an ERISA plan are included in any final benefit denial notices. A copy of *Mirza v. Insurance Administrator of America, Inc.* is available [here](#).