

Member Benefits

Advisory Panel on Endorsed Services

A unique benefit of being a CTA member and a participant in a CTA-endorsed program is the right to have concerns regarding that program reviewed by the CTA Advisory Panel on Endorsed Services.

The Panel, which is an advisory committee of the CTA Board of Directors, is responsible for ensuring that CTA members, who have complaints with a CTA-endorsed provider, will have a fair and impartial review of their concerns.

When should a complaint be filed?

If a CTA member is unable to resolve their differences with the CTA-endorsed provider and has exhausted all appeals, they may request a Complaint Review Request Form from the CTA Member Benefits Department. The Panel generally meets two times a year. In order to be heard, a signed Complaint Review Request Form must be received by the CTA Member Benefits Department no later than 5:00 p.m. 20 business days prior to the Panel meeting. A request for a personal appearance must also be made no later than 5:00 p.m. 20 business days prior to the next scheduled Panel meeting.

Who are the CTA-endorsed providers?

- (a) California Casualty Auto and Home Insurance
- (b) The Standard for Group Life and Disability Insurance
- (c) Provident Credit Union for financial services*
- (d) Bank of America for credit card services*

For more information on this service, contact the CTA Member Benefits Department at:

Address: P.O. Box 921
Burlingame, CA 94011-0921
Phone: (650) 552-5200
Fax: (650) 552-5014
E-mail: member_benefits@cta.org

*Due to regulatory laws, the Panel will not review complaints involving loans or creditworthiness. Complaints regarding the credit union and credit card provider are advisory only and are not binding on such providers.

CTA Advisory Panel on Endorsed Services

www.CTAMemberBenefits.org



What is the CTA Advisory Panel on Endorsed Services?

The CTA Advisory Panel on Endorsed Services adjudicates disputes between individual CTA members and CTA-endorsed providers who offer programs including, but not limited to, Life, Disability, Automobile and Homeowners insurance.

The Panel's recommendations as approved by the CTA Board of Directors are binding.*

What is the composition of the Advisory Panel?

The Panel consists of CTA members, appointed by the CTA Board of Directors, and includes a Board Liaison.

How is a complaint filed?

Complaint forms are available from the CTA Member Benefits Department by calling (650) 552-5200.

A completed and signed CTA Advisory Panel Complaint Review Request Form must be submitted to the CTA Member Benefits Department, by the appropriate due date.

The Panel will review only cases involving disputes between a CTA member in good standing and a CTA-endorsed provider.

A member's dispute is eligible for review by the Panel only if he or she was a member of CTA when the incident that gave rise to the complaint occurred and continuously through the date the Panel makes its recommendation to the CTA Board of Directors.

What happens once a complaint is filed?

The CTA Member Benefits staff will advocate on the member's behalf and attempt to resolve the concerns with the CTA-endorsed provider. The endorsed providers also have internal resolution processes:

- Members filing complaints regarding the voluntary Life or Disability Plan must first adhere to The Standard's administrative appeals process. If a member is still dissatisfied or disagrees with the written decision of the appeal from The Standard, they may then file a complaint with the CTA Advisory Panel on Endorsed Services. This complaint must be made in writing on the CTA Complaint Review Request Form within 180 days of receipt of the written appeal decision from The Standard.
- In cases involving the Credit Union Program, the CTA Member is required to exhaust the credit union's internal appeals procedure prior to submitting a complaint to the Advisory Panel on Endorsed Services.
- In cases involving California Casualty Auto and Home Insurance, if a member has filed a complaint with the California Department of Insurance (DOI), the Panel will not review the case until the DOI has made its recommendation to the insurance company.

If the staff advocacy and other processes are unable to satisfy the member's needs, the Panel will review the complaint.

What are the processes involved in the Panel's review and recommendation?

Prior to the meeting, the Panel will receive copies of the documentation that the member provided, and the CTA-endorsed provider has submitted. At the meeting, the Panel will review all the facts, receive testimony, and/or seek clarification and additional information.

The member has the option of either making a personal appearance at the meeting to communicate their concerns directly to the Panel members or have the CTA Member Benefits Department staff advocate their position for them.

Attorneys are not permitted to represent either the member or the CTA-endorsed provider.

After a review of the case, the Panel must determine the following:

- (1) are the provisions of the contract clear;
- (2) have all relevant facts been presented;
- (3) has the contract been violated;
- (4) is the carrier's decision consistent with past practice;
- (5) will the decision establish a new precedent;
- (6) has the company acted in good faith;
- (7) has the member acted in good faith;
- (8) were established procedures followed; and
- (9) was additional documentation provided to support the decision?

The Panel will then make a recommendation to either:

- (1) Sustain the member's position;
- (2) Sustain the company; or
- (3) Recommend a compromise solution.