WIN YOUR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE CLAIM OR APPEAL

By Former Insurance Company Attorney

AN INSURANCE INSIDER'S STEP-BY-STEP GUIDE TO...

1. FILING A SUCCESSFUL CLAIM, APPEAL, OR LAWSUIT
2. AVOIDING COMMON MISTAKES THAT LEAD TO CLAIM AND APPEAL DENIALS
3. DEFEATING INSURANCE COMPANY TRICKS THAT LEAD TO CLAIM AND APPEAL DENIALS

PRICE MCNAMARA, ESQ.

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INTRODUCTION

It's a terrible feeling – you're handling the family crisis and emotional distress that comes with your loss. Then you're shocked by the insurance company's unfair denial.

The insurance company is claiming that some technical policy exclusion applies, or claims some other reason that doesn't make sense or seem fair.

Your denial letter most likely recites one of the following common excuses for not paying (we've seen them all):

- ☑ Intoxication caused or contributed to death
- ☑ Alcohol caused or contributed to death
- ☑ DUI or DWI caused or contributed to the death

- ☑ Illegal narcotic or drug overdose
- ☑ Illegal narcotic or drug caused or contributed to death
- ☑ Prescription drug overdose
- ☑ Prescription drug not prescribed or taken as prescribed by physician caused or contributed to death
- ☑ Death was during the commission of a felony
- ☑ Death was during the commission of a misdemeanor
- ☑ Death was during the commission of a crime
- ☑ Death was not "accidental"
- ☑ Death was "natural" or due to natural causes
- ☑ Death certificate says "natural" death even though truly caused by an accident
- ☑ Sickness, illness or disease caused or contributed to death
- ☑ Death was suicide
- ☑ A Policy exclusion applies
- ☑ The Policy was not in effect at the time of death
- ☑ You aren't the listed beneficiary
- ☑ Someone else is claiming to be beneficiary, even though you are the listed beneficiary
- ☑ Failure to disclose a medical condition on insurance application, or "non-disclosure"
- ☑ An "Interpleader" lawsuit is filed by the insurance company so the court can declare the right beneficiary

Whatever excuse they're giving you, you're thrown into the confusing legal world of insurance policy definitions, administrative appeals, and federal "ERISA" law. You're anxious to get the next step right without guessing. Unless someone's been in your shoes, they can't truly understand.

But persevere - the insurance companies are often WRONG or BREAKING THE LAW, and if so you CAN overturn a denial.

This book will help show you how – step-by-step.

Don't Lose Hope - You CAN Overturn a Claim Denial!

When fighting an insurance company's denial of accidental death insurance benefits, they want you exhausted by their claim process.

Their denial letter gives you some excuse why the policy you paid for doesn't provide coverage, and that under "ERISA law" you can "appeal." But they obviously don't want to pay your benefits, so they give you no guidance on how to appeal with any chance of winning.

So you wonder: How long should an appeal be? What should I say? What traps should I avoid? What additional records, expert reports, witness statements or other evidence will help me win? Do I even have a chance of recovering my benefits?

The good news is, you can still win the insurance benefits you paid for to protect your livelihood and your family despite receiving a denial letter. The LAW, not the insurance company, has the last word.

Every unique claim has a unique best path for you to choose to recover benefits and financial security for your family.

But there are also paths to avoid - those likely resulting in permanent loss of those benefits.

Our goal is to eliminate the anxiety and exhaustion that comes from being uncertain of your best path.

Read on to learn how to forge your best path for benefits without making common mistakes.

Don't Skip This

As a Former Insurance Company Attorney, I'll Tell You Exactly How the Insurance Company ***Hopes*** You Respond to its Denial Letter, and What You ***Should*** Do ***Instead.***

The insurance company hopes you respond to its denial of benefits, exhausted, in one of two ways:

- ☑ You give up and go away, or
- ☑ You file an "appeal" that simply argues why the claim denial was wrong, without submitting stronger new EVIDENCE (most claimants and attorneys unfamiliar with federal ERISA law make this mistake).

WHY?

Because the insurance company knows that by choosing either of those two routes, you will lose your last and best chance of getting benefits.

They know that ERISA law prohibits the court from considering any evidence that you don't submit with your appeal before filing suit (most claimants and attorneys unfamiliar with ERISA law don't realize this until it's too late).

But there's a third way to respond. It's what the insurance company DOESN'T want you to do, and it's exactly what you SHOULD do.

That is, BUILD your claim and appeal strategically with NEW EVIDENCE (not just ARGUMENT), using a tried and true PROCESS that PROVES your claim the way they know will stand up in court if they deny your appeal.

That's what wins benefit claims - both appeals and lawsuits, and the years of future financial security you paid to protect. Avoiding pitfalls and getting it right is critical.

Read on to learn step-by-step how to BUILD your claim.

ON A PERSONAL NOTE...

Before losing my own brother, then my father and sister after long, disabling illnesses just a few months apart, I never truly understood the place you're in. It literally brought home to me the dramatic impact that receiving (or not receiving) the benefits you paid for and now need can have on your life -- when you need to focus on family and healing. That experience drives the way I view my clients and my work, and I will never forget it.

WORKING DIRECTLY FOR INSURANCE COMPANIES TAUGHT ME AND INSPIRE ME TO GUIDE INSURANCE CLAIMANTS TO JUSTICE

The first several years of my career were spent representing insurance companies at a big law firm. I helped them avoid paying claims. I was fine with that when the claims were fraudulent, and some were. But after a while, it became apparent that most people working for the insurance companies felt pressured to derail and deny even legitimate claims. The work was not fulfilling, and I finally quit.

But everything happens for a reason. In my mind, NOTHING can replace the value of that insurance company insider insight, and using what I learned there in my mission of the past 25 years -- guiding claimants and other attorneys through the complicated ERISA process to win insurance benefits for deserving people.

THE PURPOSE OF THIS GUIDE

Insurance benefit denials are the only kind of case we handle. I regularly get ERISA claim denial referrals from attorneys who practice in other areas of law. They prefer not to "dabble" in the occasional unfamiliar ERISA claims that come their way. ERISA claims are complex, and few attorneys focus exclusively on representing claimants in this area of law. ERISA law is loaded with traps for the unwary.

The purpose of this guide is to explain to the unfamiliar claimant (or attorney), step-by-step, how to properly handle the critical administrative appeal of an ERISA claim denial. Getting it right is crucial to best chances for success, not only on administrative appeal, but also in federal court if the insurance company denies the claim again on administrative appeal. The ultimate goal of this guide is to avoid unnecessary losses of insurance benefits for well- deserving people.

THE FOCUS OF THIS GUIDE

An ERISA insurance claim has three important phases - the initial application phase (and if denied), the administrative appeal phase (and if denied on appeal), the litigation/court phase. Each phase has complexities of its own.

The focus of this guide is the administrative appeal phase. The administrative appeal phase, more than anything else, deter-

mines the outcome of an ERISA insurance benefit claim. It's also where most tactical mistakes are made. These mistakes can be avoided by better understanding the ERISA process.

With the exception of reviewing the claim file created before an insurance claim denial, the steps to take to build a strong initial claim are largely the same. Additionally, if the insurance company denies both the initial claim and the appeal, chances of success in the lawsuit that follows is directly impacted by the strength of the record created in the initial claim and appeal process.

ERISA LAW

WHY DOES FEDERAL ERISA LAW APPLY TO MOST ACCIDENTAL DEATH INSURANCE CLAIMS FILED IN THE U.S., AND WHY DOES IT MATTER?

The majority of Accidental Death Insurance claims in the U.S. are governed by the federal ERISA (Employee Retirement Income Security Act of 1974) statute. With a few exceptions, ERISA governs all Accidental Death Insurance claims involving insurance policies or plans which form part of employee benefits package. So most claim denials fall under ERISA law.

Yet handling an ERISA Accidental Death Insurance claim, from the administrative appeal to the federal court lawsuit, is a complex minefield for the unfamiliar. Everything about it is different. Insurance companies and their attorneys know and understand how to use ERISA's complexities to their advantage. But claimants, and often their attorneys, typically don't until it's too late.

"Insurance companies and their attorneys know and understand how to use ERISA's complexities to their advantage."

Unfortunately, most claimants file ERISA administrative appeals unrepresented, or represented by attorneys unfamiliar with ERISA law. The result is often the permanent loss of a benefits claim that could and should have been successful. Understanding the following will

help to avoid unnecessary losses.

WHAT THE INSURANCE COMPANY HOPES YOU DON'T KNOW ABOUT FEDERAL ERISA

THE ADMINISTRATIVE APPEAL...

WHAT MAKES THE ADMINISTRATIVE APPEAL IN AN ERISA ACCIDENTAL DEATH INSURANCE CLAIM SO CRITICAL? CAN'T I ALWAYS FILE SUIT AND GET SERIOUS ABOUT BUILDING A CASE LATER IF THE ADMINISTRATIVE APPEAL IS DENIED?

The simple answer is "no", and comes as a surprise to many after it's too late.

What makes the administrative appeal so critical, is that the federal judge in the ERISA lawsuit that follows, cannot consider any evidence that was not made part of the administrative record during the administrative appeal process. So the administrative appeal is your only chance to gather, create and build the best evidence to support your case later in court. The evidence you submit during the administrative appeal process becomes part of that record that the court can

later consider. Whatever case you build (or don't) is carved in stone before you ever file suit.

That the administrative appeal makes or breaks your case cannot be overstated. It is during this process, before a lawsuit can even be filed, that most claimants lose without realizing it.

A brief overview of the life of an ERISA Accidental Death Insurance claim, and how it's so different, underscores the importance of the administrative appeal for its success.

WHAT IS SO DIFFERENT ABOUT AN ERISA ACCIDENTAL DEATH INSURANCE CASE?

The process starts when someone files an initial application or claim for Accidental Death Insurance benefits, usually without attorney assistance, and receives a written denial of their claim by the insurance company.

Accidental Death and Dismemberment Insurance policies purchased by individuals on their own, independent of their employment, are not governed by ERISA. For individual Accidental Death Insurance policies not governed by ERISA, if the insurer denies the claim, the claimant can go directly to state court and file a lawsuit. No "administrative appeal" to the insurance company is required, and there is no requirement that the lawsuit be filed in federal court. Normal state court procedure, including all typical discovery methods are available. The claimant has the right to a jury trial, and all parties can introduce traditional evidence, including live witness testimony. Bad faith penalty remedies are available under state law that are unavailable under federal ERISA law. Typical litigation.

However, if the claim is governed by ERISA, as most are, a mandatory administrative appeal process is required by ERISA before a claimant can file suit to challenge a denial of benefits. The claimant must file the administrative appeal with the same insurance company that denied the claim. Then that same insurance company, which also must pay benefits if it reverses itself, decides whether or not to reverse itself and pay benefits – crazy but true.

WARNING 1: The deadline for filing an administrative appeal on a denied Accidental Death Insurance claim is 60 days from the date of the written denial. Missing an administrative appeal deadline is as fatal to a claim as the passing of a statute of limitations with very few exceptions. Missing it means the claim is over, and the denial cannot be challenged.

If the Accidental Death Insurance company again denies benefits following a timely administrative appeal (a very common outcome), the claimant can only then file a lawsuit, which must be filed in federal court. State court is without jurisdiction.

"The deadline for filing an administrative appeal on a denied Accidental Death Insurance claim is 60 days from the date of the written denial. Missing an administrative appeal deadline is as fatal to a claim as the passing of a statute of limitations with very few exceptions."

THE FEDERAL COURT LAWSUIT...

While beyond the scope of this guide, which focuses on the critical administrative appeal of a claim denial, a bit about the lawsuit that follows helps highlight the importance of the administrative appeal. An ERISA insurance claim lawsuit in federal court is different from others. It doesn't follow the typical federal procedural path. Most federal district courts use special scheduling orders tailored specifically to the unique way ERISA cases reach court resolution.

ERISA has its own statutory venue rules. Discovery is restricted, really almost nonexistent. The parties have no right to a jury trial. No witness testimony is presented. The only "trial" at all is a trial on briefs referencing the administrative record filed with the court, either on cross-motions for summary judgment or simply motions for judgment on the administrative record.

The court reviews a denial under an "abuse of discretion" standard, requiring it to give great deference to the financially- conflicted insurance company's decision. Courts have even upheld the insurance company's administrative appeal decision while expressly stating that it is contrary to how the court would have ruled independently on the evidence.

Choice of venue and choice of law considerations are critical because they can impact the standard of review, as some states have laws prohibiting "abuse of discretion" review, and such laws apply in ERISA cases. Most of the governing substantive law, however, is either ERISA-specific or federal common law jurisprudence, with much disagreement on many issues among and even within federal court jurisdictions.

WARNING 2: But most important, and most pertinent to the impact of the administrative appeal, the federal judge in an ERISA case cannot consider any evidence that was not made part of the administrative record, during the administrative appeal process, before suit is filed.

The insurance companies and their attorneys know this. So they load the administrative record with evidence and reports of their own consulting "experts" favorable to their position in denying the claim.

"The federal judge in an ERISA case cannot consider any evidence that was not made part of the administrative record, during the administrative appeal process, before suit is filed."

Most claimants and many attorneys don't know this. So most claimants and many attorneys file "administrative appeals", but submit no supporting evidence beyond medical records. They basically argue how unfair the denial is after they paid policy premiums for years. The arguments may be true, but they are not "evidence" that the insurance company or the court must consider. Filing an administrative appeal this way does absolutely nothing to help the claim, and it's exactly what the insurance company hopes a claimant will do. It wastes the claimant's best and only opportunity to build the best case for reversal, either on administrative appeal, or in court if the insurer denies the claim again.

But you won't make that mistake. Instead, you're going to BUILD a great appeal systematically as follows.

HOW TO BUILD A GREAT APPEAL FOR AN ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE CLAIM DENIAL

A STEP-BY-STEP PROCESS TO BUILD A STRONG APPEAL FOR AN ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE CLAIM DENIAL

Building the best administrative appeal for an Accidental Death Insurance claim denial requires a process. Beginning with the potential end in mind (federal court), you'll want to use the administrative appeal process to gather, create and introduce ALL available supporting evidence into the administrative record. Any evidence you submit to the insurance company in the process becomes part of that record. That record is ultimately filed into the court record if a lawsuit becomes necessary, and it forms the only evidence the court can consider.

So where to start?

The process we follow, described below, will help guide you to develop the nuts and bolts of a strong, well-supported administrative appeal.

GATHER AND ANALYZE

Analyze The Accidental Death Insurance Company's Denial Letters

We analyze the written reasons given by the Accidental Death Insurance company for denying the claim. This serves as our primary roadmap for what and where our focus needs to be.

Analyze The Accidental Death Insurance Company's Claim File or Administrative Record

The Insurance company is required to provide, upon written request, and free of charge, its entire claim file/administrative record. It's often over a thousand pages long. We review every page, and we always find information there helpful to the case. It consists of all medical, investigative and other evidence the insurance company gathered, and the insurance company's own consulting medical and other expert opinions and reports. Sometimes this information contradicts the insurance company's reasons for denial, which can be very helpful. Other times the evidence on which the denial was based is purely speculative.

The claim file also includes internal insurance company personnel emails discussing the claim. Sometimes these communications indicate disagreement among insurance company personnel on whether the claim should be denied or approved.

> "The Insurance company is required to provide, upon written request, and free of charge, its entire claim file/administrative record. It's often over a thousand pages long. We review every page, and we always find information there helpful to the case."

The insurance company is required to include all documents and evidence generated in connection with the claim WHETHER OR NOT the insurance company relied upon it to support the denial.

Much more is there in the administrative record than is mentioned in the insurance company's denial letters. We often find evidence that directly contradicts the insurance company's denial, or a lack of evidence to support reasons it gave to support the denial of a claim.

We have even found evidence that the insurance company's own expert consultant directly contradicted a denial of benefits. In fact, the court found in one client's case that the insurance company illegally withheld from my client its own expert's report, which directly contradicted the denial of benefits. Without reviewing every page of that 1000 plus page record to find the buried report, our client would not have received the benefits she needed and deserved.

(You can Google White v. Life Insurance Company of North

America (CIGNA), 892 F.3d 762 (5th Cir. 2018), as revised (Jun 14, 2018) to read the full court opinion. If interested, you can also listen to CIGNA counsel's and my oral arguments, and the court's vocal suspicions at winmybenefits.com. You might find it an eye-opener on how far an Accidental Death Insurance company will go to avoid a big payout by arguing an intoxication exclusion.)

We also need to determine what supportive medical or other available evidence we deem important is not in the record, so we can obtain and include any such evidence as part of our appeal. That way it becomes part of the administrative record which can later be considered by the court if the claim is denied on administrative appeal.

Analyze The Accidental Death Insurance Policy, Plan and Summary Plan Description

You can request these documents directly from the Insurance company, the ERISA Plan Administrator or the employer's human resources department. They are required by law to give you these documents or face a stiff fine if they refuse or ignore you.

We analyze all policy language, especially any exclusions the insurance company relies upon to support its denial. The exact wording of the policy language exclusions can vary from policy to policy, and subtle variations can be outcome determinative. The policy language also drives exactly what evidence the claimant should gather, present and add to the administrative record to support entitlement to benefits under the policy.

We sometimes find that the insurance company wrongfully denies a claim based on policy language or exclusions of an older or newer version of the policy that is more favorable to the insurance company, but doesn't even apply to your case. Or, we may find that the insurance company is seeking to use an unfavorable (to you) policy amendment that doesn't apply to the case to wrongfully deny the claim.

In other cases we find that a policy provision the insurance company is using to deny a claim is ambiguous, or contradicted by other insurance policy provisions, making the denial legally unenforceable.

The entire policy should be read carefully to determine ANY provisions that undermine the insurance company's claim denial.

Gather And Analyze Death Certificate, Medical, Toxicology, Coroner and Autopsy Records To See if They Support the Accidental Death Insurance Claim and Supplement Where Needed

Depending on the reasons for the denial of an Accidental Death Insurance claim, the death certificate, medical, toxicology, Coroner and autopsy records are ALWAYS important. Some of these may be supportive of the claim, but missing from the insurance company's administrative record or claim file. Others may have errors hurting your claim that need to be corrected, and the corrected versions re-submitted to the insurance company with your appeal.

We gather, review, study and summarize all such records. Here, we look for areas of potential strengths, weaknesses or the absence of evidence needed for claim support. The focus is to determine where we need to build evidence that supports our claim, or contradicts, or otherwise negatively addresses the reasons the Insurance company gives to support its denial of benefits.

When Physicians, Coroners or other involved professionals write their reports, they are not necessarily attempting to cover all information in the kind of detail needed to support an Accidental Death Insurance claim. They often rely on computer programs when preparing their notes that simply do not have fields concerning the evidence necessary to support a claim, or auto-fill features that generate errors.

In the case of a death certificate, the Coroner simply fills in

blanks on a government form, which may leave information critical to the claim unspoken. So the support needed may seem to be weak or absent. They often don't state opinions or factual observations in enough detail. The insurance companies then cite "lack of evidence" to support the claim denial, or take single words from a death certificate out of context with other evidence. That evidence may in reality exist, but it's just not stated in the records. Sometimes the death certificate, medical, or other records contain plain errors that hurt the claim. Insurance companies know all of this, and know how to exploit these inaccuracies.

Think About Basic Information You May Know to Support the Claim

Remember you have only 60 days to file the appeal. So you need to really focus on gathering any helpful evidence, and quickly.

We interview the client to determine relevant details about the claim. This lets us get to know them better and gives us our foundation to build upon. Think about all relevant information you know, as well as what relevant factual knowledge family members, coworkers or friends can provide in affidavits to support the claim, or refute the insurance company's reason for denial.

For any first-responders or witnesses to the accident in question, what might they know that would help support the claim? Contact them and question them and ask for a written statement if they have helpful information.

Also important is to determine what medical or other records

may exist to help support the claim that weren't considered by the insurance company during the initial claim process. This may include medical records, autopsy reports, toxicology reports, accident investigation reports or other documents, depending on the reason for the denial.

Exactly what information is relevant and important to a successful Accidental Death Insurance claim will vary based upon the reasons the insurance company gives for denying the claim. Remember, the insurance company doesn't go out of its way to gather evidence it thinks will help get you paid. Just the opposite is true. These claims involve large sums of money the insurance company would rather not pay.

BUILD AND EXECUTE

Wherever you find weaknesses, the absence of important evidence or errors in the records, correct the problems using a number of different approaches depending on the case at hand.

For instance, you may need to get input from treating Physicians, Coroners or other medical experts as needed for the particular case to provide more detailed explanations to correct critical errors. You may need to ask treating Physicians to address certain issues not previously sufficiently addressed specifically and in detail in a report. In some cases you may need to retain additional experts of various specialties to review other evidence and provide reports of their opinions to support the claim and shoot down the insurance company's reasons for denying the claim.

Sometimes meeting face-to-face with treating Physicians

and other involved experts to determine their opinions on relevant details is helpful. Whatever the weakness or absence of evidence or error in the medical records might be, you do everything you can to correct it.

Again, the important thing is that all evidence building, supplementing or correcting has to be done during the administrative appeal process and put into the administrative record as part of the administrative appeal. Otherwise it's useless, as the court can't consider it if introduced later.

This process must be accomplished thoroughly, but also rapidly due to the deadlines as outlined above.

Decide What Additional Evidence May be Helpful

At this point, we determine what, if any additional medical or other forms of evidence not forming part of the administrative record might be helpful to support the case. This varies from case to case, but may include additional affidavits of family members, friends or coworkers regarding any important facts or issues within their knowledge that aren't otherwise addressed.

Conduct Legal Research

We conduct nationwide computer research, combing for judicial opinions factually similar or otherwise supportive of the claim and our legal arguments. We save these so we can later cite to them and quote portions of them to support our arguments to the insurance company, and later to the court if necessary.

Construct The Best Administrative Appeal Argument

We then again analyze and dismantle the written reasons given by the insurance company for denying the claim. We do this by using everything helpful we find from all of the above efforts, and assemble it into a concise, impactful argument. It's a blended argument of our strongest facts, woven together with our strongest legal arguments, citing relevant policy provisions, the administrative record and our new evidence which will now be submitted and become part of that record as part of our appeal. It's constructed much like a legal brief filed in court, tailored to follow the same pattern the court will use analyze the case. The insurance companies will know you have built a solid case to be taken to court if they again deny the claim.

Final Review

Before we submit our administrative appeal argument and supporting evidence to the insurance company (which will ultimately be our argument to the court), we examine our argument again in detail to determine whether it triggers new ideas for any additional evidence which may be supportive.

Submit the Best Administrative Appeal Argument and Await a Decision

After we feel that we've left no stone unturned, and have crafted our very best arguments in favor of the claim, we submit our administrative appeal, along with all supporting documentation that was not already part of the original administrative record, to the insurance company. We send this by certified mail to avoid any argument by the insurance company that it was not sent within the legal deadline for appealing.

If the insurance company reverses its denial, great! If it doesn't, your efforts, evidence and arguments will still be useful in the lawsuit that follows. Be sure to request an updated copy of the administrative record and make sure that it includes all of the evidence you submitted. This will help to avoid a later argument in court about the completeness of the administrative record to be considered by the judge.

Following the above steps will give you the best chances of getting your benefit denial reversed on administrative appeal. But equally important, if your claim is denied on administrative appeal, you have built the strongest record possible for getting the denial reversed in federal court.

CONCLUDING MESSAGE

Hopefully you've found this guide practical and useful. Any feedback would be much appreciated, and as always, feel free to contact me if you wish to discuss anything about this area of law in general or the specifics of your client's (or your) case and ideas for making it as strong as possible. Email me at helpdesk@jpricemcnamara.com or go to winmybenefits.com for more information. We're always happy to answer any questions you may have!

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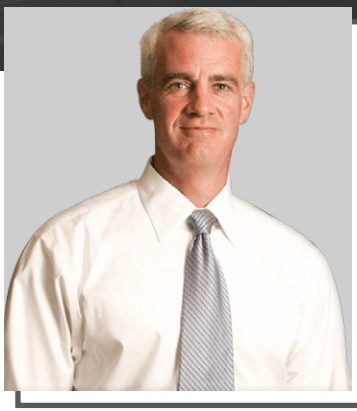

Price McNamara

began his law practice in 1990 at a big law firm representing insurance companies.

He then stopped representing insurers to serve two years representing the State of Louisiana as a state felony division prosecutor.

In 1995, Mr. McNamara founded Law Offices of J. Price McNamara. The firm provides nationwide representation for people wrongfully denied accidental death and dismemberment insurance benefits, life insurance benefits and long-term disability insurance benefits, with special focus on ERISA claims, appeals and lawsuits.

He is a member of the Louisiana and Texas bars, and lives in Baton Rouge, Louisiana with his wife and three children.

PRICE MCNAMARA BIO:

PUBLISHED BOOKS:

- *How to Build a Great ERISA Life Insurance Claim Denial Administrative Appeal;*
- *How to Build a Great ERISA Accidental Death and Dismemberment Insurance Claim Denial Administrative Appeal;*
- *How to Build a Great ERISA Long Term Disability Insurance Claim Denial Administrative Appeal;*
- *Finally! Hire the Right Attorney (and avoid the Wrong Ones) With Confidence!; and*
- *Seven Deadly Sins That Will Destroy Your Legitimate Personal Injury Claim.*

AWARDS:

- *Holds Martindale-Hubbell® highest possible attorney peer review rating of "AV" ("Highest Level of Professional Excellence and Ethical Standards. Very High to Preeminent").*
- *Holds 10/10 AVVO attorney rating.*
- *Named "Top Attorney for Burn, Brain and Closed Head Injuries" by New Orleans Magazine.*
- *A+ Better Business Bureau.*

MEMBERSHIPS:

- *Louisiana Association for Justice*
- *American Association for Justice*
- *North American Brain Injury Society*
- *National Spinal Cord Injury Association*

EDUCATION:

- *1995 Masters Law Degree, LL. M Energy and Environment Tulane Law School, New Orleans, Louisiana.*
- *1990 Law Degree, Loyola Law School, New Orleans, Louisiana.*
- *1987 Bachelor of Arts Degree, School of Business Administration, Finance Concentration (with Honors), Loyola University, New Orleans, Louisiana.*
- *1983 Licensed Single-Engine Land and Sea Plane Pilot, Airtaix School of Aviation, New Orleans, Louisiana.*
- *1982 Graduate, Jesuit High School, New Orleans, Lousiana.*

WORK HISTORY:

- *Law Offices of J. Price McNamara, Baton Rouge (Headquarters) and New Orleans, Louisiana 1995 to present. Houston, Texas 2013 to present. Nationwide practice focusing on representing people wrongfully denied long-term disability insurance, life insurance and acci-*

dental death insurance benefits, with special focus on ERISA claims and lawsuits.

- *Jefferson Parish District Attorney's Office, Felony Trial Division Prosecutor, Gretna, Louisiana 1995-1997 Responsible for prosecuting all division felony crimes including drug offenses, theft, burglary, robbery, fraud, rape and murder.*
- *Law Office of Hailey, McNamara, Hall, Larmann & Papale, Metairie, Louisiana 1991-1995*
- *Representing major insurance companies against death and injury claimants.*
- *Honorable John M. Shaw, Chief Judge, United States District Court, Western District of Louisiana, Lafayette, Louisiana. 1990-1991. Law Clerk to Federal Judge for civil and criminal dockets.*

COURT ADMISSIONS:

- *Supreme Court for the State of Louisiana, admitted to practice law in all Louisiana State Courts, 1990.*
- *Supreme Court for the State of Texas, admitted to practice law in all Texas State Courts, 2013.*
- *United States District Courts for the Eastern District of Louisiana, 1990.*
- *United States District Courts for the Middle District of Louisiana, 1990.*
- *United States District Courts for the Western District of Louisiana, 1990.*

- *United States District Courts for the Eastern District of Texas, 2013.*
- *United States District Courts for the Middle District of Texas, 2013.*
- *United States District Courts for the Western District of Texas, 2013.*
- *United States District Courts for the Southern District of Texas, 2013.*
- *United States District Courts for the Northern District of Texas, 2013.*
- *United States Court of Appeals, Fifth Circuit, 1990.*

BAR ADMISSIONS:

- *Louisiana State Bar Association – 1990 (In good standing)*
- *Texas State Bar Association - 2013 (In good standing)*

PRICE MCNAMARA began his law practice in 1991 at a large Louisiana law firm representing insurance companies.

He then stopped representing insurers to serve two years representing the State of Louisiana as a state felony division prosecutor.

In 1995, Mr. McNamara founded McNamara Law Offices. With offices in Louisiana and Texas, he now puts his experience to work representing people across the U.S. who are wrongfully denied long-term disability insurance, life insurance and accidental death insurance benefits, with special focus on ERISA claims and lawsuits.

He is a member of the Louisiana and Texas bars, and lives in Baton Rouge, Louisiana with his wife and their three children.

Finally! This book makes the confusing Administrative Appeal process easy to understand and navigate...

I highly recommend it to anyone fighting an insurance denial!

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FOR MORE INFORMATION, GO TO
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