

# ERISA & Group Litigation

d'QM handles sophisticated ERISA litigation, representing administrators, insurers, and self-insured plans throughout New York, New Jersey, and Pennsylvania.

Our ERISA and group benefits litigation team defends clients in matters alleging breaches of fiduciary duties and other litigation related to ERISA plans. Whether counseling clients as to fiduciary obligations, arguing ERISA applicability or the ERISA standard of review, defending against overbearing discovery requests or claims alleging fiduciary breach, we defend insurers, employers, employee benefit plans, sponsors and fiduciaries in confronting the ever-expanding issues and claims they face.

We have obtained summary judgment in many cases dismissing claims for health and long-term disability benefits and successfully mediated numerous actions involving ERISA plans based on a finding or argument that the determination was not arbitrary and capricious, or on other grounds, including plan terms.

Recent ERISA matters include litigations involving claims for long term disability benefits for long COVID disability and the application of plan terms where there have been amendments to the plan and/or its administrators. Other recent litigation includes a situation where the participant claiming long term disability was actively leading another life.

We work closely with our clients to advise on high-profile or sensitive claims, appeals, and grievances.

## REPRESENTATIVE MATTERS

- Plaintiff's denial of coverage claim dismissed. The court held that the company's denial of accidental death and dismemberment benefits under ERISA plan was not arbitrary and capricious under the sickness exclusion.
- Summary judgment granted where the amount of AD&D benefits under ERISA plan was disputed.
- Plaintiff's claim for damages under ERISA 510 dismissed. District Court found that the plaintiff authorized the company to disclose information to relevant parties such as her employer. Further, District Court rejected the plaintiff's HIPAA claim, primarily because she lacked standing to bring a private right of action against the company.
- Summary judgment granted. The Court held that administrator was not estopped from asserting that the ERISA benefit plan participant's son was ineligible for coverage, and that the participant was not entitled to convert dependent coverage to an individual policy retroactively.
- A health provider's motion to remand was denied because the provider had claimed in its State Court complaint that the patient had assigned its claims to the provider, and rejected the provider's new claim that there was no assignment. The court held that ERISA pre-empted each of the state statutory and common law claims in the complaint relating to claims under ERISA plans.
- Dismissal of the plaintiff's denial of coverage claim, holding that the company's denial of accidental death and dismemberment benefits under ERISA plan was not arbitrary and capricious under the sickness exclusion.
- Dismissal of a provider's claim for facility fee benefits due to failure to exhaust administrative remedies. The district court rejected provider's motion to dismiss ERISA causes of action for unjust enrichment and equitable restitution with respect to plan administrator's counterclaim to recover facility fees erroneously paid.
- Summary judgment granted in favor of insurer on a disputed amount of AD&D benefits under ERISA plan.
- Dismissal of the plaintiff's claim for damages under ERISA 510. The district court found that the plaintiff authorized the company to disclose information to relevant parties such as her employer. Further, District Court rejected the plaintiff's HIPAA claim—primarily because she lacked standing to bring a private right of action against the company.



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