Policy Waiver Review Panel Guidelines

The following guidelines are intended to provide a consistent approach to requesting waivers where:

A. The policy could not have contemplated the unique set of circumstances to which the policy would be applied.

B. The application of the policy, even if fully contemplative of the circumstances would and could effectively prevent the participant from possible approval for eligible status of being a participant in the program.

These general guidelines and review standards must be used consistently throughout each case when an applicant submits a Request for Policy Waiver. The Review Panel has the responsibility to review the application for a policy waiver, keeping in mind that it is an attempt to qualify for eligibility for the Seneca Nation Disability Payment because they do not receive a long-term disability award and they have submitted an application but a determination has not yet been made, and/or they have been denied/terminated and have appealed the decision.

A policy cannot contemplate the set of circumstances to which an applicant has experienced that brings the applicant to request a policy waiver in an attempt to show their eligibility as valid for approval. The program policy is established to serve our Seneca people with disabilities as set by Seneca Nation Council, NOT to determine that the applicant is considered to have a disability.

When reviewing a Request for Waiver, the panel must look for the following:

1. A completed Request for Policy Waiver application that includes applicant information, claim information, and written justification with facts and circumstances of the case stating why the required long-term disability award criteria of the Seneca Nation Disability Payment eligibility criteria should be waived.

2. Completed Verification of Disability Form by a health care provider which will be used as a supporting document ONLY, not to determine whether the applicant has a disability or whether it has relevancy to a determination of their claim or appeal submitted to another issuing agency.

3. Identification, Social Security Card, Proof of Enrollment, Proof of On-Territory Residency, and a signed Release of Information Form to meet the all other program eligibility criteria.

4. Documentation from an issuing agency of a long-term disability benefit showing efforts to seek approval for benefits. Initial claims must have a date 90 days prior to the date of the Request for Waiver. Denials and Terminations must show an Appeal has been filed.
   a. Denial Letters
   b. Proof of Filed Initial Claim
   c. Proof of Filed Appeal

5. Any other relevant information that shows why they do not meet the long-term disability award eligibility criteria and why their circumstances require a Policy Waiver.

Determinations will be made according to the above guidelines and the Waiver Review Procedure. The Review Panel may implement additional requests and/or conditions as long as it falls within the above review standards.
Waiver Review Procedure

1. The SNDS staff will meet with the applicant to explain the process and requirements to Request a Policy Waiver.
2. Once the Request for Waiver and supporting documentation has been submitted, SNDS staff will review all documents for completeness and authenticity.
3. Upon completeness of the application, SNDS will notify the Review Panel and schedule a day and time within 30 days to hear the Request at a Regular Scheduled Monthly Meeting, or a Special Meeting may be called.
4. At the time of the Hearing, each reviewer will receive a summary and/or timeline of the materials submitted.
5. SNDS will take minutes of the hearing which will be filed with each case.
6. On the day of the hearing, the reviewers will be allowed time to read all materials, have a discussion of the Request and circumstances, and make a determination by majority vote.
7. With the determination, the Review Panel may also implement conditions that must be followed to prevent fraud, or request additional documentation to make a final determination.
8. SNDS will notify the Applicant of the Review Panel’s decision in writing within 7 days of the hearing.
9. If there is a favorable determination, the Applicant will proceed with all other SN Disability Benefit Application Guidelines and Procedures with no exceptions.
10. If there is an unfavorable determination, the Review Panel will provide the reasons why the Applicant is not eligible for a Policy Waiver.
11. A new Request for a Policy Waiver cannot be submitted until such time the reasons stated in the original denial can be met.
**Case #: __________________________ Date of Hearing: __________________________**

**Reviewer’s Name: __________________________**

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<tr>
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<th>Review Documents</th>
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<tr>
<td></td>
<td>Completed Request for Policy Waiver</td>
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<td></td>
<td>Completed Verification of Disability Form</td>
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<td></td>
<td>Identification - Tribal ID or Birth Certificate or Driver’s License</td>
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<td>Social Security Card</td>
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<td>Enrollment Verification - Tribal ID or Enrollment Certificate</td>
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<td>Proof of On-Territory Residency - Utility Bill or Postmarked Envelope</td>
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<td>Release of Information</td>
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<td>Proof of an Active Claim or Appeal</td>
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<td>Initial Claim - Verification Letter from Issuing Disability Agency</td>
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<td>Appeal - Receipt of Notice to Appeal</td>
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<td>Denial Letters</td>
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<td>Additional relevant information:</td>
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**Notes:**
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**Determination:**   ______ Approved   _____ Not Approved   _____ Reserved Decision

**Additional Conditions/Pending Requests:**
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________________________________________________________________________
________________________________________________________________________

**Signature of Reviewer: _________________________________________________**