

RULE 16 - FILING OF CLAIMS FOR TEMPORARY DISABILITY INSURANCE BENEFITS

- A. Every individual who files a claim under the provisions of the Rhode Island Temporary Disability Insurance Act shall file such claims in writing, or otherwise as the Director may prescribe.
- B. Every otherwise eligible claimant who files a claim for benefit credits shall be entitled to such for each week of unemployment due to sickness only if:
 - (1) He/she is examined by a licensed Qualified Healthcare Provider, as defined by the Director, within the calendar week in which the first day of unemployment due to sickness occurs or within the calendar week prior or subsequent thereto; provided, however, that for good cause as shall be determined by the Director, an examination by a licensed Qualified Healthcare Provider within any other period may be considered as having been made within the period herein set forth.
 - (2) The notice of the claim for benefits is mailed, delivered or otherwise sent to the Department of Labor and Training.
- C. There shall be no determination made of the validity of a claim to waiting period or benefit credits unless the claimant's attending licensed Qualified Healthcare Provider shall have certified, on a form having his/her signature, to the inability of the claimant, due to sickness, to perform his/her regular or customary work; provided, however, that the Director or his/her authorized representative may for good cause, as determined by the Director, permit such determination without such signature.
- D. Whenever an individual is physically or mentally incapable of filing or continuing a claim for benefits under the Rhode Island Temporary Disability Insurance Act, the Director, or his/her authorized representative, may appoint, upon request made prior to the death of such individual, an agent in fact to act for and in behalf of such individual for the purpose of filing and continuing claims and receiving temporary disability benefits; provided, however, that no such agent in fact shall be appointed unless and until he/she shall present a power of attorney or such other affidavit or evidence of responsible relationship to the individual for whom he/she is to act, as may be required by the Director or his/her authorized representative, together with a licensed Qualified Healthcare Provider's certificate stating the physical or mental incapacity of the individual to act for himself/herself; provided, further, however, that in the discretion of the Director, or his/her authorized representative, a bond, or such other lawful surety, may be required up to and including the total amount of benefit credits which may be available to the individual.

- E. Whenever an otherwise eligible claimant shall die before filing a claim, such claim may be filed in his/her behalf by the duly appointed executor, or administrator, as the case may be, upon receipt by the Director of a certified copy of such appointment, together with an application for the payment of such benefits.

- F. In the discretion of the Director, or his/her authorized representative, a claimant may, at any time, be required:
 - (1) To submit to the Department of Labor and Training, medical or laboratory reports, transcripts of hospital records, affidavits, certificates, evidence of separation from or accession to employment, or any other type of documentary evidence, and

 - (2) To undergo examination by an impartial licensed Qualified Healthcare Provider appointed and compensated by the Department of Labor and Training; provided, however, that if a claimant shall fail or refuse to submit such evidence when requested, or shall fail or refuse to undergo examination by such impartial licensed Qualified Healthcare Provider, unless such failure or refusal shall be based on good cause, as shall be determined by the Director, such failure or refusal shall be deemed to be prima facie evidence of an inability to meet the eligibility requirements with respect to proof of sickness.

[Reference to Temporary Disability Insurance Act: Sections 28-39-12 and 28-41-15(A)]