

Employee Benefits Litigation

Stinson's Employee Benefits Litigation attorneys defend employee benefit plans, their corporate sponsors, fiduciaries, third-party administrators, and insurers against claims by individuals and classes arising under the Employee Retirement Income Security Act (ERISA) and other laws governing employee benefits.

The employee benefits delivery system is complex. Stinson attorneys understand the legal framework, in addition to understanding the various players, their interests, and their interconnected roles in the system. This understanding enables our attorneys not only to represent clients efficiently but also to represent them effectively, taking advantage of all leverage points to pursue their interests and solve problems.

These claims may involve alleged wrongful denials of benefits, breaches of fiduciary duty, breaches of contract, retaliation or interference, and failure to provide appropriate information and disclosures, among other types of claims. Our attorneys also pursue and defend against claims brought by plans, sponsors and fiduciaries against insurers, reinsurers, co-fiduciaries, third-party administrators and other third-party service providers.

Our attorneys also strive to resolve disputes and solve problems without resorting to litigation, including assisting clients with compliance and best practices, crafting commercial solutions, and using mediation, arbitration and other forms of alternative dispute resolution. They work closely with the firm's Employee Benefits and Executive Compensation attorneys to bring all relevant experience to bear on any problem.

CAPABILITIES

Our attorneys regularly handle disputed matters in federal and state courts, before governmental agencies, in arbitrations and in administrative claims processes across the country. Our experience spans the full range of employee benefit plans, claims, claimants, defendants and venues.

- Employee pension benefit plans, including all types of defined benefit plans, defined contribution plans and employee stock ownership plans (ESOPs).
- Employee welfare benefit plans, including those providing health, life and disability benefits, including single-employer and multi-employer or association plans.
- Executive compensation and other exempt plans, such as governmental and church plans.

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- Wrongful denials of benefits, breaches of fiduciary duty, violations of the Consolidated Omnibus Budget Reconciliation Act (COBRA), retaliation or interference, failure to provide appropriate information and disclosures, prompt payment, bad faith, breach of contract (including breach of provider agreements), stop-loss insurance and professional liability.
- Recovery of alleged overpayments of plan benefits to health-care providers.
- Claims against employee benefit plans, sponsors, administrators and fiduciaries, third-party claims administrators, professional advisors and consultants, and insurers and reinsurers.
- Class actions, multi-plaintiff actions and single-plaintiff actions, including preliminary injunction practice, trial and appeal.
- Investigations and adversary proceedings brought by the Department of Labor, Employee Benefits Security Administration, Internal Revenue Service and other governmental agencies.
- Administrative claims and appeals and other disputed matters that have not matured to litigation.

CLASS ACTION LITIGATION EXPERIENCE

- Defended ERISA class action against public company and its self-insured health benefit plan alleging failure to pay sufficient plan benefits with respect to charges by out-of-network providers.
- Defended ERISA class action alleging numerous violations of ERISA based on allegation that employer conditioned employment on prospective employees' elections not to participate in pension plan.
- Defended ERISA class action against a national health insurer predicated on insurer's alleged practice of charging co-payments in excess of those allowed under state insurance law.
- Defended ERISA class action against public telecom companies alleging improper modification/termination of retiree health, prescription drug, and life insurance benefits.
- Defended class action brought against health insurer client by health-care providers alleging breach of contract and related claims stemming from insurer's decision to terminate coverage for a particular medical procedure. Representation included substantial litigation in state trial and appellate courts concerning arbitration clause in contract.
- Defended class action brought against national health insurer alleging that insurer failed to comply with applicable state subrogation laws.
- Defended class action brought against third-party claims administrator (TPA) alleging that TPA failed to process and pay claims for particular medical procedure in accordance with applicable plan documents and ERISA.

OTHER COMPLEX LITIGATION EXPERIENCE

- Defended public company in arbitration brought by union alleging violations of ERISA and collective bargaining agreement in connection with company's application of lifetime benefit maximum to retiree

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prescription drug claims.

- Defended profit-sharing plan sponsor, and officers and directors of plan sponsor, in DOL investigation and civil actions based on allegations that plan fiduciary used in excess of \$1.3 million in plan assets for operating expenses of the plan sponsor, which was ultimately insolvent.
- Defended ESOP trustees and incumbent management in corporate control dispute involving alleged breach of fiduciary duties by ESOP trustees in defeating hostile takeover. Litigation involved three federal court actions and one state court action, including successful defense at preliminary injunction hearing and prevailing on motion for summary judgment.
- Defended major airline in multiple suits, at trial and on appeal, relating to alleged breaches of fiduciary duty in administration of employee assistance program.
- Defended third-party claims administrator in arbitration proceeding involving claims by preferred provider organization alleging in excess of \$20 million in damages as result of alleged breach of contract. Arbitration panel found in favor of our client on all claims, awarded claimant no damages, and awarded our client costs.
- Defended national health insurer in contract dispute with large health-care provider involving claims-processing and payment issues.
- Obtained summary judgment in favor of national third-party claims administration company against claims by sponsor of self-funded health plan that TPA failed to protect plan's stop-loss coverage.

CLAIMS FOR BENEFITS DUE EXPERIENCE

In addition to our experience with class actions and other complex employee-benefits litigation, our experience includes defense of dozens of routine lawsuits each year asserting employment-related claims of retaliation or interference in violation of ERISA, asserting violations of COBRA, and seeking recovery of life, health and disability benefits.

- Secured summary judgment, affirmed on appeal, against ERISA claims involving failure to provide COBRA notice resulting in former employee's six-month gap in health coverage. Published federal appellate opinion in case announced new requirement of "bad faith" and tangible impact on plaintiff to justify penalty award.
- Secured summary judgment against ERISA claims involving disability benefits based on plaintiff's failure to exhaust administrative remedies or prove entitlement to benefits.
- Secured dismissal of case in which plaintiff sought recovery of funds secured by health insurer in satisfaction of its subrogation rights.
- Defeated motion to remand, ensuring federal jurisdiction in case in which plaintiff claimed ERISA did not apply to long-term disability insurance benefits for which plaintiff paid all premiums.

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- Secured summary judgment against ERISA claim for disability benefits, even though denial was subject to de novo review.
- Secured summary judgment against ERISA claim for accidental death benefits exceeding \$1 million where decedent died from pulmonary embolism caused by deep vein thrombosis resulting from international flight.
- Secured summary judgment against ERISA claim on behalf of insurer facing disability claim in excess of \$1.5 million.
- Secured summary judgment against claims of negligent misrepresentation and defeated argument that disability insurance policy's definition of "total disability" was ambiguous.
- Defended ERISA retaliation claim against check manufacturer through trial and on appeal.
- Secured judgment on administrative record against ERISA claim for accidental death benefits.
- Secured dismissal of ERISA health benefits case based on plaintiff's failure to exhaust administrative remedies.
- Secured summary judgment for third-party claims administrator against ERISA claims for breach of fiduciary duty and recovery of plan benefits.
- Secured summary judgment for third-party claims administrator and plan sponsor against ERISA claims and alleged violations of COBRA.

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TEAM

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RELATED CAPABILITIES

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