



## Claim Filing Process:

To file a federal FEPLI claim with Starr Wright USA, you must send us a written claim – by mail, fax, or e-mail, (**preferably on our form**) and include the following information, at a minimum:

- ▶ Your name and home address;
- ▶ Your employing federal agency;
- ▶ Your Member ID number;
- ▶ Your telephone number and e-mail address that we can use to contact you;
- ▶ A brief description of the circumstances that give rise to the claim along with supporting documentation (memorandums/emails/notice of adverse action/notice of investigation/Civil Complaint/Subpoenas/Interrogatories, etc.);
- ▶ Whether you have union or other employee association representation or you have other professional liability insurance coverage; and
- ▶ Your signature

When we receive your claim, we will confirm your active coverage in Starr Wright USA's program and determine whether you are eligible for legal defense service benefits. We usually make our decision within one to two business days after receiving your claim. You can check on the status of your claim by contacting us at 800.424.9801.

If there is limited/insufficient information about the claim (specifically, information about the alleged misconduct, your involvement in the alleged misconduct, essential dates related to the claim, etc.) we may need to call you and ask for additional documentation. If additional information is not available at that time, your claim may be approved for a limited and restricted scope of representation, until additional information is available. Under these conditions, coverage would be strictly limited to the services authorized by Starr Wright USA and any additional services will have to be pre-approved by a member of the Starr Wright USA Claims Department.

If we approve the claim, we notify you in writing and securely forward your claim over to The Brownell Landrigan Firm; the law firm that manages our FEPLI Defense Team. Within one business day, after we have forwarded your claim to The Brownell Landrigan Firm, our Chief Panel Counsel, Ms. Bonnie Brownell will contact you to discuss your claim and representation. Please be advised, at this point in the claims process, Ms. Brownell and her associates are the only attorneys authorized to bill to your account.

If we deny the claim, you do have the right to request reconsideration by sending us a written request within 60 days after you receive notice of the denial. Starr Wright USA's President will review the matter along with the Insurance Carrier and we will respond within 30 days, unless additional information is required. We are available to discuss any coverage issues as well using the number provided above.

***Federal Employee Program Administrator***

**[www.WrightUSA.com](http://www.WrightUSA.com)**

(Version 1.10 8/8/16)



## The FEPLI DEFENSE TEAM:

The Brownell Landrigan Firm, is a Washington, DC law firm. Ms. Bonnie Brownell manages the legal counsel panel, or Defense Team, for our FEPLI Program. The FEPLI Defense Team includes attorneys with expertise in a wide range of areas affecting federal employment. Our Defense Team's experience on the "inside" as former federal employees (Assistant U.S. Attorneys, members of the military, counsel to federal agencies, and law enforcement agents) assures them a unique understanding of the federal work place.

For more information on the FEPLI Defense Team and how The Brownell Landrigan Firm handles our FEPLI claim assignments, please contact: Ms. Bonnie Brownell, Principal, The Brownell Firm, 1050 Seventeenth Street NW, Suite 700, Washington, D.C. 20036.

### **Understanding Starr-Wright's Panel Counsel's Function:**

- Our Panel of Defense Counsel includes attorneys throughout the country with legal expertise relevant to the federal employee who is accused of misconduct in the course and scope of his/her federal employment.
- Chief Panel Counsel (Ms. Bonnie Brownell, The Brownell Landrigan Firm, Washington, DC) will provide an initial consultation designed to identify your potential for exposure and assist you in understanding your legal defense options.
- Chief Panel Counsel will work with you on developing a legal defense strategy and action plan that is sensitive to your situation and employment goals. We appreciate the politically sensitive nature of the allegations against you. We make sure you are comfortable with the substance and tone of your defense.
- In implementing your legal defense plan, Panel Counsel will keep you informed as to the status of your defense and remain available to answer any questions you might have as new information becomes available or the circumstances change.
- If your claim requires expertise not available on our existing panel of attorneys (ex. hiring of a criminal defense attorney – usually a former Assistant US Attorney – in the jurisdiction in which you reside), our Chief Panel Counsel, on your behalf, will screen potential attorneys, negotiate rates, facilitate the implementation of a productive defense plan and monitor the matter until it is resolved.
- If at any point in the process you have questions or concerns regarding your legal defense services, Starr Wright USA's FEPLI Claims Manager remains available at 800.424.9801.

### **Understanding what the Panel Counsel will not do:**

- This is a legal defense program for which Chief Panel Counsel will neither seek, nor grant your request to act as your legal representative for a legal matter involving an affirmative cause of action against the government. In doing so, we maintain a consistent and credible position with all government agencies and assure that the Starr Wright FEPLI program is responsible for legal fees up to your policy limits.
- Starr Wright's Panel is carefully chosen for their expertise and has agreed to negotiated rates and cooperative representation. Both result in enhanced legal services to Starr Wright's insureds. As such, attorneys retained by the insured, outside of the panel, will not receive compensation through the Starr Wright FEPLI program. Any fees promised or paid to a non-panel counsel will be at the insured's expense

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(Version 1.10 8/8/16)



FEDERAL EMPLOYEE PROGRAM ADMINISTRATOR

## FEPLI Claim Form

Please submit a claim when you first become aware of allegations of your misconduct arising out of the course and scope of your employment, which has or may become the subject of an adverse action against you, including: adverse personnel actions, lawsuit (Federal Tort Claims Act, or Constitutional *Bivens*), or investigation – criminal or administrative. Your claim may be submitted to Starr Wright USA by email, fax or USPS:

**Starr Wright USA**  
405 Silverside Rd., Ste. 102 B  
Wilmington, DE 19809  
Fax – 302-483-0230

[PLIclaims@wrightusa.com](mailto:PLIclaims@wrightusa.com)

If you require additional assistance, please feel free to call 1-800-424-9801.

### Insured Information – Personal

<b>Name</b>	
<b>Home Address</b>	
<b>City State and ZIP Code</b>	
<b>Home Phone No.</b>	
<b>Personal Cell Phone No.</b>	
<b>Member ID No.</b>	
<b>E-Mail Address – <i>we recommend not using a government E-mail address for this claim.</i></b>	

### Insured Information - Professional

<b>Employing Federal Agency and address - <i>please indicate whether you are an active employee or retired (if retired include date of retirement)</i></b>	<i>Title, Grade, Office (Division, Department, etc.)</i>
<b>Work Phone No.</b>	
<b>Work Cell Phone No.</b>	
<b>Work Fax No. – <i>we will not send a fax w/o prior notice to the member</i></b>	
<b>Preferred method of contact (telephonically)</b>	Home phone <input type="checkbox"/> _____ Personal cell phone <input type="checkbox"/> _____ Work cell phone <input type="checkbox"/> _____ Work phone <input type="checkbox"/> _____

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<b>Claim Description</b>
Briefly describe your reasons for submitting this claim. Include dates of events (date of incident and date you were first notified about reason for claim). Attach relevant documents.
<b>Other Coverage / Union or Employee Association Representation</b>
<i>Do you have other professional liability insurance?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the name of the carrier and provide contact information</i>
<i>Are you a union or association member?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the name of the union/association</i>
<i>Are you a member of FLEOA?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Are you currently represented by the U.S. Department of Justice</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Signature and Date</b>
<b><i>By submitting this claim, I affirm that the facts set forth in it are true and complete, to the best of my knowledge.</i></b>
Your Signature:
Date:

**Federal Employee Program Administrator**

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Suite 102 B  
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