

Retiree Appeal Request Form - 2017 Enrollment



An appeal is a request from a retiree who is requesting an eligibility exception due to an error in enrollment or an extenuating circumstance.

*****DO NOT USE THIS FORM IF YOU ARE AN ACTIVE EMPLOYEE, PLEASE CONTACT YOUR AGENCY*****

The benefit liaison should submit this form along with supporting documentation and a copy of a completed 2017 Retiree Enrollment Form to ADOA Benefit Services Division , 100 N. 15th Ave., Suite 260, Phoenix, AZ 85007 ATTN: Member Services - Appeals or fax to: 602-542-4744 or email to: benefitsissues@azdoa.gov, Subject: "2017 Appeal Last Name EIN" for example, "2017 Appeal Smith 000001"

Please check off the selection(s) that best describes your appeal:

- | | |
|---|---|
| <input type="checkbox"/> Request for change submitted more than 31 days after eligible date | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Error with enrollment | <input type="checkbox"/> Birth/Adoption |
| <input type="checkbox"/> Extenuating circumstances in which elections must be changed | <input type="checkbox"/> Divorce/Legal Separation |
| <input type="checkbox"/> Moved out of area | <input type="checkbox"/> Gain or Loss of other coverage |
| <input type="checkbox"/> Did not enroll during New Retiree Enrollment period | <input type="checkbox"/> Death of spouse/dependent |

Is this a second appeal? Yes No If yes, an appeal is a request to change a previous adverse decision made by ADOA- Benefit Services Division. You may appeal the adverse decision related to your coverage.

Name (Last)		(First)	(MI)	Employee EIN or SSN
Street Address			City, State, Zip Code	
Email Address	Phone Number		Phone Number (alternate)	

Please provide an explanation of your situation that requires an appeal and the action you are requesting:

Retiree Signature: _____ Date: _____

FOR ADOA USE ONLY

APPROVED

DENIED

DATE _____
1

REVIEWER: _____
2016.11.15 retiree appea