

Retiree Appeal Request Form - 2018 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*****

How To Submit This Form

Contact your Agency's Benefit Liaison and give the following:

1. **This completed form**
2. **Supporting documentation for Appeal Reason checked below**
3. **2018 Retiree Enrollment Form**

Benefit Liaison - Submit items 1, 2, and 3 to:

ADOA-Benefit Services Division, ATTN: Member Services-Appeals,
100 N. 15th Ave., Suite 260, Phoenix, AZ 85007
or fax to 602-542-4744
or email to benefitsissues@azdoa.gov, Subject: "2018 Appeal"

Appeal Reason: Please check 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? 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.
 YES NO

Retiree Last Name	Retiree First Name	Retiree MI	Retiree State of AZ Employee EIN or Retiree SSN
Retiree Street Address		Retiree City, State, Zip Code	
Retiree Email Address	Retiree Phone Number	Retiree 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: ___/___/___ REVIEWER: _____