

# Active Employee Appeal Request Form - 2016 Open Enrollment

An appeal is a request from an employee and/or agency requesting an eligibility exception due to an error in enrollment or an extenuating circumstance. **Requests for appeals will be accepted through close of business on January 31, 2016.**



## Step 1:

In order to appeal an eligibility issue, please complete this form and provide it to your agency's benefit liaison. The agency benefit liaison should review the appeal and add any comments the liaison believes are relevant.

## Step 2:

The benefit liaison should submit this form along with supporting documentation and a copy of a completed 2016 Open Enrollment Form to ADOA Benefit Services Division, 100 N. 15th Ave., Suite 103, Phoenix, AZ 85007 ATTN: Member Services - Appeals or fax to: 602-542-4744 or email to: [benefitissues@azdoa.gov](mailto:benefitissues@azdoa.gov), Subject: "2016 OE Appeal"

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

- Did not enroll during Open Enrollment period
- Error with enrollment
- Extenuating circumstances in which elections must be changed

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

Name (Last)	(First)	(MI)	Employee EIN	Last 4 of Social Security Number
Street Address	City, State, Zip Code		Agency	
Email Address	Phone Number		Phone Number (alternate)	

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Liaison Comments:

Agency Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR ADOA USE ONLY

APPROVED  DENIED DATE \_\_\_\_\_ REVIEWER: \_\_\_\_\_