

# Retiree Appeal Request Form - 2016 Open 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.

**Requests for appeals will be accepted through close of business on January 31, 2016.**

The benefit liaison should submit this form along with supporting documentation and a copy of a completed 2016 Retiree 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: [benefitsissues@azdoa.gov](mailto:benefitsissues@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 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 \_\_\_\_\_ REVIEWER: \_\_\_\_\_