Active Employee Appeal Request Form - 2017 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.

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 2017 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: "2016 Appeal Last Name EIN" for example, "2016 Appeal Smith 000001"**

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

- ☐ Request for change submitted more than 31 days after eligible date
- ☐ Error with enrollment
- ☐ Extenuating circumstances in which elections must be changed
- ☐ Change in work schedule
- ☐ Did not enroll during New Hire Enrollment period
- ☐ Moved out of area
- ☐ Marriage
- ☐ Birth/Adoption
- ☐ Divorce/Legal Separation
- ☐ Gain or Loss of other coverage
- ☐ Death of spouse/dependent
- ☐ Flexible spending account enrollment error

Is this a second appeal? Yes ☐ No ☐ If yes, an appeal is a request to a change previous adverse descision made by ADOA- Benefit Service. You and/or 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: _________________________________

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☐ APPROVED ☐ DENIED DATE _______________ REVIEWER:_____________________