

Purpose of Appeal Form

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

Section A: Member Information

LAST NAME				FIRST NAME		M.I.
EMPLOYEE ID NUMBER (EIN)	SOCIAL SECURITY NUMBER (REQUIRED)	BIRTH DATE		<input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE	
			<input type="checkbox"/> MALE	<input type="checkbox"/> MARRIED		
MAILING ADDRESS		CITY	ST	ZIP	COUNTY	
HOME PHONE		CELL PHONE		EMAIL		

Section B: How To Appeal

Step 1: Gather Documentation	Step 2: Submit Documentation **All THREE items from Step 1 must be submitted**	
1) Complete this form 2) Include supporting documents for the Appeal Reason in Section C (if applicable) 3) Completed 2024 Retiree Benefit Enrollment Form <i>Find form on benefitoptions.az.gov/forms</i>	Mailing Address ADOA - Benefits Attn: Member Services-Appeals 1802 W. Jackson St, #94 Phoenix, AZ 85007	Email benefits@azdoa.gov Subject: "2024 Appeal, Last Name, EIN"
		Fax 602-542-4744

Section C: Appeal Reason

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

Missed Open Enrollment for 2024.
 Error with enrollment. Proof must be provided.
 Extenuating circumstances in which elections must be changed.
 Did not enroll during New Retiree Enrollment period.
 Request for change submitted more than 31 days after eligible date.

Is this a second appeal?

YES *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.*
 NO

Section D: Appeal Explanation

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

Retiree Signature: _____ Date: _____