

Purpose of Appeal Form

An appeal is a request from an employee 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-LAST 4 DIGITS	BIRTH DATE	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
MAILING ADDRESS		CITY	ST	ZIP	AGENCY
HOME PHONE		CELL PHONE		EMAIL	

Section B: How To Appeal

Step 1: Employee

- 1) Required: Complete this form.
- 2) Required: Complete the 2022 Active Benefits Enrollment form.
Find form on benefitoptions.az.gov/forms
- 3) As applicable: Include supporting documentation.
- 4) Required: Give all materials to your agency's benefit liaison.
Note: Appeals with incomplete documentation will be delayed.

Step 2: Benefits Liaison

- 1) Review the appeal form and make any additional comments.
- 2) Submit all employee materials to ADOA.
 - Email: benefits@azdoa.gov, Subject line: 2022 Appeal, Last Name, EIN
 - FAX: 602-542-4744
 - Mail: ADOA-HR-Benefits, Member Svcs, 1802 W Jackson St #94, Phoenix, AZ 85007

Section C: Appeal Reason

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

- | | |
|--|--|
| <input type="checkbox"/> Missed Open Enrollment for 2022. | <input type="checkbox"/> Did not enroll during New Employee Enrollment period. |
| <input type="checkbox"/> Error with enrollment. Provide confirmation. | <input type="checkbox"/> Request for change submitted more than 31 days after eligible date. |
| <input type="checkbox"/> 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 HR-Benefits.

You may appeal the adverse decision related to your coverage.

Section D: Appeal Explanation

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

Employee Signature: _____ Date: _____

Liaison Comments:

Liaison Signature: _____ Date: _____