ARIZONA
DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES

ACTIVE EMPLOYEE APPEAL FORM 2023

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	❑ FEMALE ❑ MALE	❑ SINGLE ❑ 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 2023 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: 2023 Appeal, Last Name, EIN
   - **FAX:** 602-542-4744
   - **Mail:** ADOA-HR-Benefits, Member Services, 1802 W Jackson St #94, Phoenix, AZ 85007

Section C: Appeal Reason

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

❑ Missed Open Enrollment for 2023.
❑ Error with enrollment. Provide confirmation.
❑ Extenuating circumstances in which elections must be changed.
❑ Did not enroll during New Employee Enrollment period.
❑ Request for change submitted more than 31 days after eligible date.

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:___________