

**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"/> SINGLE	
			<input type="checkbox"/> MALE	<input type="checkbox"/> MARRIED	
MAILING ADDRESS		CITY	ST	ZIP	AGENCY
HOME PHONE	CELL PHONE		EMAIL		

**Section B: How To Appeal**

<b>Step 1: Employee</b>	<b>Step 2: Benefits Liaison</b>
<ol style="list-style-type: none"> <li>1) Complete this form.</li> <li>2) Gather supporting documentation as applicable.</li> <li>3) Complete 2020 Active Benefits Enrollment form.</li> <li>4) Give all materials to your agency's benefit liaison.</li> </ol>	<ol style="list-style-type: none"> <li>1) Review the appeal form and make any additional comments.</li> <li>2) Submit all employee materials from Step 1 to ADOA.</li> </ol> <p><b>Email:</b> benefitsissues@azdoa.gov, Subject: 2020 Appeal, Last Name, EIN  <b>FAX:</b> 602-542-4744  <b>Mail:</b> ADOA-Benefit Svcs, Attn: Member Svcs-Appeals, 100 N. 15<sup>th</sup> Av, Ste. 260, Phoenix, AZ 85007</p>

**Section C: Appeal Reason**

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

Missed Open Enrollment for 2020  
 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?** *If yes, an appeal is a request to change a previous adverse decision made by ADOA-Benefit Services Division.*  
 YES  NO *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: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADOA USE:  Approved  Denied Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewer: \_\_\_\_\_