

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

Step 1: Employee

Step 2: Benefits Liaison

- 1) Complete this form.
- 2) Gather supporting documentation as applicable.
- 3) Complete 2021 Active Benefits Enrollment form.
- 4) Give all materials to your agency's benefit liaison.

- 1) Review the appeal form and make any additional comments.
- 2) Submit all employee materials from Step 1 to ADOA.
Email: benefits@azdoa.gov, Subject: 2021 Appeal, Last Name, EIN
FAX: 602-542-4744
Mail: ADOA-Benefit Svcs, Attn: Member Svcs-Appeals, 100 N. 15th Av, Ste. 260, Phoenix, AZ 85007

Section C: Appeal Reason

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

- Missed Open Enrollment for 2021.
- 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:

ADOA USE: Approved Denied Date: ____/____/____ Reviewer: _____