

**Purpose of Appeal Form**

An appeal is a request for 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"/> MALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
STREET		CITY	ZIP	COUNTY	
HOME PHONE		CELL PHONE		EMAIL	

**Section B: How To Appeal**

<b>Step 1: Gather Documentation</b>	<b>Step 2: Submit Documentation</b> <i>**All THREE items from Step 1 must be submitted**</i>	
<ol style="list-style-type: none"> <li>1) Complete this form</li> <li>2) Include supporting documents for the Appeal Reason in Section C (if applicable)</li> <li>3) Completed 2019 Retiree Benefit Enrollment Form <i>Find form on <a href="http://benefitoptions.az.gov">benefitoptions.az.gov</a>, Forms tab</i></li> </ol>	<b>Mailing Address</b> ADOA-Benefit Services Division Attn: Member Services-Appeals 100 N. 15th Ave., Suite 260 Phoenix, AZ 85007	<b>Email</b> benefitsissues@azdoa.gov Subject: "2019 Appeal"
		<b>Fax</b> 602-542-4744

**Section C: Appeal Reason**

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

- Missed Open Enrollment for 2019
- Error with enrollment
- 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
- NO

*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.*

**Section D: Appeal Explanation**

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

Retiree Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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