ARIZONA
DEPARTMENT OF ADMINISTRATION
BENEFITS

RETIREE ENROLLMENT APPEAL REQUEST FORM 2020

Purpose of Appeal Form

An appeal is a request from a retiree 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 (REQUIRED)	BIRTH DATE		❑ FEMALE ❑ MALE	❑ SINGLE ❑ MARRIED
MAILING ADDRESS		CITY	ST	ZIP	COUNTY
HOME PHONE	CELL PHONE			EMAIL	

Section B: How To Appeal

Step 1: Gather Documentation

1) Complete this form
2) Include supporting documents for the Appeal Reason in Section C (if applicable)
3) Completed 2020 Retiree Benefit Enrollment Form
Find form on benefitoptions.az.gov, Forms tab

Step 2: Submit Documentation
*****All THREE items from Step 1 must be submitted*****

Mailing Address
ADOA-Benefit Services Division
Attn: Member Services-Appeals
100 N. 15th Ave., Suite 260
Phoenix, AZ 85007

Email
benefitsissues@azdoa.gov
Subject: "2020 Appeal"

Fax
602-542-4744

Section C: Appeal Reason

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

- ❑ Missed Open Enrollment for 2020.
- ❑ 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** *If yes, an appeal is a request to change a previous adverse decision made by ADOA-Benefit Services Division.*
- ❑ **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:

Retiree Signature:_____ Date:_____/_____/_____

ADOA USE: ❑ **Approved** ❑ **Denied** **Date:** _____/_____/_____ **Reviewer:** _____