

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	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> 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 2021 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 HR-Benefits
Attn: Member Services-Appeals
100 N. 15th Ave., Suite 260
Phoenix, AZ 85007

Email

benefits@azdoa.gov
Subject: "2021 Appeal"

Fax

602-542-4744

Section C: Appeal Reason

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

- Missed Open Enrollment for 2021.
- Error with enrollment. Proof must be provided.
- 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: _____