

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	Step 2: Submit Documentation <i>**All THREE items from Step 1 must be submitted**</i>	
<ol style="list-style-type: none"> Complete this form Include supporting documents for the Appeal Reason in Section C (if applicable) Completed 2022 Retiree Benefit Enrollment Form <i>Find form on benefitoptions.az.gov/forms</i> 	Mailing Address ADOA – HR Benefits Attn: Member Services-Appeals 1802 W. Jackson St. #94, Phoenix, AZ 85007	Email benefits@azdoa.gov Subject: "2022 Appeal" Fax 602-542-4744

Section C: Appeal Reason

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

- Missed Open Enrollment for 2022.
- 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: _____