

**United Food and Commercial Workers Union Local 1529
And Employers Health and Welfare Plan and Trust**

ADMINISTRATIVE OFFICE

Administrative Consulting Services of Tennessee

661 N Ericson Road, Cordova, TN 38018

Telephone (901)758-3000

Toll Free (800) 874-8499

BOARD OF TRUSTEES

Leon E. Sheppard

Peggy Prescott

Kevin Lindsey

Rick Slayton

ENROLLMENT APPEAL REQUEST FORM

Instructions:

- 1.) Complete this form
- 2.) Include SUPPORTING DOCUMENTATION
- 3.) Mail to the Administrative Office or fax to 901-758-3021

Appeals should be submitted within 180 days, of the adverse determination was made. APPEALS POST 180 WILL AUTOMATICALLY BE DENIED.

Is this a second appeal ? Yes____ Or No____. If this is a second appeal you must provide additional supporting documentation that was not provided with your first appeal. Otherwise it will be denied.

Member Information

Member ID:	Date of Birth:	Date of Qualifying Event:	
Name (First)	Last	MI	
Phone Number :	Email Address : _____ Initial if you would like to Opt-In to receiving email and or text communication from the Fund _____		
Street Address	State	Zip	
Dependent Name : Last	First	MI	

Reason for Appeal (select one or more)

- I am requesting to enroll past the enrollment deadline
- I am requesting to add or remove a dependent past the enrollment deadline
- I am requesting to add or remove a dependent past the qualifying event timeline
- Other, please list: _____

Please use the space below to include details as to why you're appealing and an explanation for why you were not able to meet the enrollment or eligibility guidelines. Please provide any applicable supporting evidence.

You will need to provide proof that you were denied fair enrollment rights. If you failed to not enroll simply because you missed the deadline, you will need to provide proof of circumstances that caused you to miss the deadline.

Attach Additional Documentation/Proof If Needed