

South Central United Food and Commercial Workers Unions and Employers Health and Welfare Trust

ADMINISTRATIVE OFFICE

Administrative Consulting Services of Tennessee
661 N. Ericson Rd. Cordova, TN 38018
Telephone (901)758-3000
Toll Free (800) 874-8499
Fax (901) 758-3021

BOARD OF TRUSTEES

Rick Alleman
Steve T. Gellios
Brandon Hopkins
Johnny Rodriguez
Peggy Prescott
Don Sattler
Henry B. Taylor
Kevin Lindsey

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 DAYS 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 or SSN:	Date of Birth:	Date of Qualifying Event:	
Name (First)	Last	MI	
Phone Numbers :	Email Address : _____ Initial if you would like to Opt-In to receiving email and or text communication from the Fund _____		
Street Address	City	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