



City of Detroit Police and Fire Retiree Healthcare Trust

ADMINISTRATIVE APPEAL FORM

Name: _____ SSN: _____

Address: _____ Phone: _____

_____ Email: _____

City _____ State _____ Zip Code _____ Date of claim: _____

Nature of Appeal (circle one): _____ Date of denial: _____

Benefits Eligibility Termination

In the space provided below, please state in detail the reason(s) for this appeal, including any information, issues, comments, documents, and other records you wish to be considered on appeal (attach additional pages if necessary). **PLEASE TYPE OR PRINT CLEARLY.**

I affirm that all of the information included on this form and all supporting documentation submitted with this appeal are true, and that no prior appeal has been filed with respect to the events described above.

Signature: _____ Date: _____

P.O. Box 1198 ♦ Troy, MI 48099-1198

Phone 248-641-4932 ♦ Facsimile 248-636-4191 ♦ Toll Free 833-725-5336

<https://www.ourbenefitoffice.com/DPFRHC/Benefits/>

ADMINISTRATIVE APPEAL PROCEDURES

1. The right to file an Administrative Appeal ("Appeal") arises following an adverse claim or eligibility determination made by the Plan Administrator and must be filed with the Plan Administrator, in writing, no later than thirty (30) days following the date of the initial adverse determination. You may include additional comments, information, documentation, and other records that you wish to be considered. Verbal appeals to the Plan Administrator are insufficient under the Plan and will not be considered.
2. The Plan Administrator shall provide written notice of its determination within thirty (30) calendar days following receipt of the written Appeal. If the Appeal is denied, written notice shall be provided to the claimant, specifying:
 - a. the reason(s) for the denial;
 - b. the Plan provisions on which the denial is based;
 - c. a statement regarding any internal rule, regulation, guideline, protocol, or other policy that was relied upon in denying the Appeal; and
 - d. a statement explaining the Plan's Level 2 Appeal process.

Please send completed form and all accompanying information/documentation to:

BeneSys
P.O. Box 1198
Troy, MI 48099-1198
Attn: Appeals Department