



SOUTHERN CALIFORNIA U.F.C.W. UNIONS AND DRUG EMPLOYERS TRUST FUNDS
 P.O. Box 27920
 Los Angeles, CA 90027-0920

APPEAL FORM

APPLICATION FOR REVIEW

Use this form to file an appeal of a claim for benefits that has been partially or wholly denied. You must file your appeal within 60 days of the date you receive the notice of denial from the Fund. It will facilitate the processing of your appeal if you attach the letter of denial you received to this form.

Appellant Information *Fill out this section if the appellant is not the participant. Please print clearly.*

Appellant's Last Name	First Name	Middle Initial	Social Security Number
Mailing Address	City	State	Zip Code

Participant Information *Fill out this section whether the appeal is for yourself or for a dependent. Please print clearly.*

Participant's Last Name	First Name	Middle Initial	Social Security Number
Mailing Address	City	State	Zip Code
Home Phone Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single
Employer	Work Phone Number		

Dependent Information *If this appeal is for a dependent, please complete this section*

Dependent's Last Name	First Name	M.I.	Date of Birth	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
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Type of Appeal *Please check one box only*

<input type="checkbox"/> Medical	<input type="checkbox"/> Mental Health / Substance Abuse	<input type="checkbox"/> Death Benefit
<input type="checkbox"/> Dental	<input type="checkbox"/> Eligibility	<input type="checkbox"/> Pension
<input type="checkbox"/> Orthodontic	<input type="checkbox"/> COBRA	<input type="checkbox"/> Other _____
<input type="checkbox"/> Vision	<input type="checkbox"/> Plan Change	
<input type="checkbox"/> Prescription	<input type="checkbox"/> Supplementary Benefits	

Documentation Presented

Statement of Facts *Use separate sheet of paper if necessary*

Appellant's Signature

Date

**SOUTHERN CALIFORNIA U.F.C.W. UNIONS AND DRUG EMPLOYERS TRUST FUNDS
APPEALS PROCEDURE**

A. Notice Of Denial Of Claim

If a claim is denied in whole or in part, you will receive a notice of the denial of the claim from the Fund Office. The notice of denial will be sent to you within 90 days after the claim is filed, unless special circumstances require an extension of time for processing the claim. If such an extension of time is required, written notice will be sent to you within 90 days of the time the claim is filed, stating the special circumstances requiring an extension of time and the date by which a decision on the claim can be expected, which will not be more than 180 days from the date the claim is filed. If you do not receive a notice of denial within 180 days after your claim is filed, you may proceed to the Review Procedure indicated in Section B below.

The Fund notice of the denial of your claim will contain the following information:

1. The specific reason or reasons for denial.
2. The specific references to pertinent Plan provisions on which the denial of your claim has been based.
3. A description of any additional material or information necessary for you to perfect your claim and an explanation of why such material or information is necessary.
4. An explanation of the procedure to be followed to appeal the denial of your claim.

B. Review Procedure

1. **Application For Review.** You, or your duly authorized representative, may request a review of the denial of your claim by the Board of Trustees by filing a written application for such review within 60 days after you receive the written notification of the denial of your claim from the Fund. The Board of Trustees may consider a later application if it concludes the delay in filing was for reasonable cause.
2. **Review Procedure.** The Board of Trustees has established an Appeals Committee which has been delegated the function of giving your application for appeal a full and fair review. As part of the review procedure, you or your duly authorized representative, may review pertinent documents and submit issues and comments in writing to the Appeals Committee. You will not have the option of appearing personally before the reviewing Appeals Committee unless the committee concludes that your appearance would be of value in enabling it to perform its obligation for a full and fair review of your appeal.
3. **Notice Of The Decision Of The Review**
 - a. **Contents Of Notice.** The notice of the decision of the Appeals Committee on your appeal of the denial of your claim will be sent to you in writing and will include the specific reasons for the Committee's decision, as well as special references to the Plan provision on which the decision has been based.

The decision will be furnished to you as promptly as possible after a decision is reached within the time period indicated in the Time of Notice provision indicated below. If you do not receive this written decision within this time period, you may consider that your appeal has been denied.

- b. **Time of Notice.** The decision of the review will be made no later than the date of the first Quarterly Appeals Committee meeting that occurs at least 30 days after the receipt of your request for review. If, however, special circumstances require an extension of time for review, the decision will be rendered no later than the third meeting of the Board of Trustees after receipt of your request for review. Whenever special circumstances require an extension of time for processing, you will be furnished a written notice that an extension of time is necessary before the extension period begins.
4. **Address To Which An Application For Review Is To Be Mailed:**

Your appeal should be directed to the Board of Trustees at the following address:

**Southern California UFCW Unions and Drug Employers Trust Funds
P.O. Box 27920, Los Feliz Station
Los Angeles, California 90027**