SEIU LOCAL 1 & PARTICIPATING EMPLOYERS HEALTH TRUST

CLAIM REVIEW COMMITTEE PROCEDURES

If you are not satisfied with the Trust's decision regarding your recent claim, you have the right to ask the Appeals Committee to review your case (procedures on back). If you would like the Committee to review your case, please complete and return this original form within 180 days of the decision, to the following address:

SEIU Local 1 & Participating Employers Health Trust
111 E. Wacker Drive, 17th Floor
Chicago, Illinois 60601
ATTENTION: Claim Review Committee

Please be sure to attach a copy of our denial letter or Explanation of Benefits (EOB) and the medical records to this form when submitting.

Participant Name	Social Security Number or Alternate ID Number
Address	Claim Number(s)
City, State, Zip	Patient's Name
( ) Phone Number (Home)	Phone Number (Cell)

Reason for Appeal
Please present your reason for disagreement with the decision and what action you feel should be taken (use additional sheets if necessary):

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Participant Signature ______________________ Date ______________

Please check whether you and/or your representative intend to appear personally before the Review Committee. ☐ Yes ☐ No **If required, you are responsible for bringing a translator with you. If you want us to arrange for a translator via speaker phone for you, please indicate language below:**

Preferred language______________________________

SEIU Local 1 & Participating Employers Health Trust
Telephone: (312) 233-8899

APPEALS PROCEDURES

If you are not satisfied with the decision concerning your claim for benefits, you have the right to file an appeal. If you choose to file an appeal, you must file a written appeal and send it to the Fund within 180 days from your original benefits determination. You may contact the Fund by letter. If you file your appeal by letter, this letter must contain:

(1) Participant's name and address;
(2) Participant's identification number;
(3) Patient's name;
(4) Relationship of Patient to Participant;
(5) Date of loss; and
(6) EXACT reason you are dissatisfied.

If the Fund needs any additional material or information from you to process your appeal, we will send you a separate letter that will describe the information necessary and explain why such information is necessary. If special circumstances require an extension of time to process your appeal, you will be notified by the Fund.

If your appeal is denied, you will have the right to bring suit under Section 502(a) of ERISA in an attempt to recover benefits due under the terms of the Plan, enforce rights under the terms of the Plan, or to clarify rights to future benefits under the terms of the Plan.

You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits. You also have the right to bring an action under Section 502(a) of the Employee Retirement Income Security Act (ERISA).

All requests or questions concerning your appeal should be directed to:

SEIU Local 1 & Participating Employers Health Trust
111 E. Wacker Drive
17th Floor
Chicago, Illinois 60601
(312) 233-8899