ENROLLMENT OR ELIGIBILITY APPEAL SUBMISSION FORM

ASEA Health Benefits Trust

Address: PO Box 5434, Spokane, WA 99205 • Phone: 866-553-8206 (toll-free); 509-328-0300
Fax: 509-328-8623 • Website: www.aseahealth.org

Use this form to submit an appeal for an enrollment or eligibility appeal. Enrollment and eligibility appeals must be submitted in writing to the Board of Trustees, in care of the Health Trust Administrator at the above address within 45 calendar days after the first payroll to which the enrollment applies. Please see your Plan Booklet for complete details about the appeal process and applicable time limits.

Please complete the section below that pertains to your appeal and fax the form and documentation to the ASEA Health Trust Administrator at the above number or mail it to the address shown.

PLEASE PRINT CLEARLY

Employee name:	SSN or Alternate ID:
Email (optional):	Phone #:
Mailing address:	
Enrollment type: ❑ New Hire ❑ Open Enrollment ❑ Other:	
Date enrollment submitted:	Online: ❑ Yes ❑ No
Hire date:	Date of 1st payroll deduction:
Appeal reason: ❑ Default to Plan A ❑ Other:	

Please state below the reasons why your appeal should be granted, including a summary of the facts. Cite Plan provisions that support your reasons and attach all supporting documentation for your appeal. If necessary, you can attach a second page to this form.

Signature of Employee: Date: