Action Needed!

To file an appeal under the HBC Health & Welfare Plan, complete and return this form. Review the appeal checklist section to ensure you provide all required information.

HBC's appeal process requires that you complete and return all pages of this form, including any supporting documentation such as, Explanations of Benefits (EOBs), confirmations of coverage, paystubs, etc. Keep a copy of this form and any supporting documentation for your records.

Please email the completed form and all supporting documentation

Email: shared_services_benefits_operations@hbc.com

Appeal Checklist

Before you send your completed form and supporting documentation make sure:

- You complete both sections of the “Appeal Information” section.
- You provide all information about your appeal in the “Description of Appeal” section.
- You have signed and dated the form.
- You have included any documentation supporting your appeal.

Appeal Initiation Form

If all of the required information on this form is not provided, your appeal will be denied and you will need to submit your request again.

Appeal Information

This appeal is for:

Name: ___________________________ ___________________________________

Last Name First Name

___________________________ ____________________________________

Daytime/Cell Phone Email Address

___________________________ ___________________________

Associate ID Date of Hire

This appeal relates to:

☐ Eligibility (*i.e.,* Plan eligibility or adding/deleting coverage or dependents) ☐ Medical ☐ Prescription ☐ Dental ☐ Vision ☐ Spousal Surcharge	☐ Supplemental Life Insurance ☐ Spouse/Child Life Insurance ☐ Supplemental AD&D Insurance ☐ Health Savings Account (HSA) ☐ Traditional or HSA-Compatible Health Care Spending Account ☐ Dependent Verification ☐ Dependent Care Spending Account ☐ Disability ☐ Other (Please specify): ___________________________________

Description of Appeal

Please provide a detailed explanation of the basis of your appeal and add additional pages as needed. Please add any additional documentation (such as EOBs, paystubs, etc.) to support your appeal.

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Acknowledgement and Signature

By signing below you acknowledge that:

- You are formally filing an appeal under the HBC Health & Welfare Plan
- You have fully completed this form and attached all necessary supporting documentation.

____ _________________________

Signature Date