



Action Needed!

To file an appeal under the Saks Fifth Avenue (SFA) Health & Welfare Plan, complete and return this form. Review the appeal checklist section to ensure you provide all required information.

SFA'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: SFA_Benefits@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:

<ul style="list-style-type: none"><input type="checkbox"/> Eligibility (<i>i.e.</i>, Plan eligibility or adding/deleting coverage or dependents)<input type="checkbox"/> Medical<input type="checkbox"/> Prescription<input type="checkbox"/> Dental<input type="checkbox"/> Vision<input type="checkbox"/> Spousal Surcharge	<ul style="list-style-type: none"><input type="checkbox"/> Supplemental Life Insurance<input type="checkbox"/> Spouse/Child Life Insurance<input type="checkbox"/> Supplemental AD&D Insurance<input type="checkbox"/> Health Savings Account (HSA)<input type="checkbox"/> Traditional or HSA-Compatible Health Care Spending Account<input type="checkbox"/> Dependent Verification<input type="checkbox"/> Dependent Care Spending Account<input type="checkbox"/> Disability<input type="checkbox"/> Other (Please specify): _____
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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.

Acknowledgement and Signature

By signing below you acknowledge that:

- You are formally filing an appeal under Saks Fifth Avenue (SFA) Health & Welfare Plan
- You have fully completed this form and attached all necessary supporting documentation.

Signature

Date