



# APPEAL FORM & INSTRUCTIONS FOR A DENIED REIMBURSEMENT REQUEST

Submit this completed form and supporting documentation via one of the following methods:	<b>Fax</b>	<b>Mail</b>
	(608) 663-2759	TASC Appeals PO Box 70791 Madison WI 53707-0791

## PARTICIPANT INFORMATION

First Name:		MI:		Last Name:		
TASC ID #:		Employer:				
Primary Phone #:		Email Address:				
Primary Address:	Address Line 1:				Apt:	
	Address Line 2:					
	City:					
	State:		ZIP/Postal Code:		+4	

## REQUEST INFORMATION

Claimant Name:				
Service Date:		Request Amount:		
Does this appeal require expedited review?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>As defined by law, only check "Yes" if your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal.</i>	<b>Person Filing Appeal:</b>	<input type="checkbox"/> Participant <input type="checkbox"/> Authorized Representative <i>(complete Authorization for Release of Information form)</i>

## APPEAL INSTRUCTIONS

If your reimbursement request was denied, you will receive a *Denial Notice* describing the reason for the denial. Refer to your *Summary Plan Description (SPD)* and *Participant Reference Guide* for a summary of coverage provided under the benefit plan when reviewing your denial. If all missing or additional information (including documentation required by your benefit plan) has been received at TASC and the denial reason described indicates the request is "ineligible" then you or your authorized representative may file an appeal in writing **within 180 days** of your receipt of the *Denial Notice*. The written request must include the reason you feel this reimbursement request should be paid along with any additional documentation.

**To file an appeal for a denied reimbursement request**, you must submit the following to TASC via fax or mail:

- 1) This completed *Appeal Form*;
- 2) Your written appeal request;
- 3) All pages of your reimbursement request *Denial Notice*;
- 4) **If someone represents you**, a completed *Authorization for Release of Information* form. (Contact TASC to request this form. This authorization will allow us to communicate with your representative.)

The Plan Administrator will review the appeal and provide you with a written determination **within 60 days**. You may request copies (free of charge) of any documents used to reach the decision to deny your reimbursement request. The Plan Administrator will provide a review that does not defer to the initial denial and is conducted by an individual other than and not subordinate to the individual who completed the initial review. If your employer is subject to the Employee Retirement Income Security Act (ERISA), you have the right to file suit in Federal Court under Section 502(a) of ERISA once you have exhausted the appeal process. For additional information about ERISA appeal rights, you may contact the Employee Benefits Security Administration (EBSA).



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## FREQUENTLY ASKED QUESTIONS

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### **What if I need help understanding the *Denial Notice*?**

Contact TASC at 1-800-422-4661 or submit a support request at [www.tasconline.com](http://www.tasconline.com) if you need assistance understanding this notice or our decision to deny your request.

### **What if I don't agree with this decision?**

You have a right to appeal any decision to not pay for an item or service (in whole or in part).

### **How do I file an appeal?**

Complete the form on the first page of this document within 180 days from the date of this notice.

### **What if my situation is urgent?**

If your situation meets the definition of urgent under the law, your review will be conducted on an expedited basis. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal. If your situation meets this definition of urgent, please check "Yes" next to "Does this appeal require expedited review?" on the appeal form.

### **Who may file an appeal?**

You or someone you name to act for you (your authorized representative) may file an appeal. If needed, you may designate your authorized representative on the *Authorization for Release of Information* form; contact TASC to request this form.

### **Can I provide additional information about my request?**

Yes, you may supply additional information with the appeal form.

### **Can I request copies of information relevant to my request?**

Yes, you may request copies (free of charge) by contacting TASC.

### **What happens next?**

If you appeal, we will provide a review that does not defer to the initial denial and is conducted by an individual other than and not subordinate to the individual who completed the initial review. We will review our decision and provide you with a written determination within 60 days following the receipt of your request for review or the date that all the information required of you is provided to TASC, whichever date is later. If special circumstances require an extension of time, a written notice of the extension will be sent to you.

### **What other options do I have?**

If your employer is subject to the Employee Retirement Income Security Act (ERISA), you have the right to file suit in Federal Court under Section 502(a) of ERISA once you have exhausted the appeal process. For additional information about ERISA appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Ayuda en español:	Para recibir este aviso en español, llámenos al 1-800-422-4661.
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