



Middletown Works Hourly &  
Salaried Union Retirees Health Care Fund  
1201 Crawford Street • Middletown, OH 45044

## Appealing a Denied Claim

If your claim is denied (in whole or in part) or you disagree with any determination made about your right to receive a benefit or the amount of benefits received under this Plan, you (including the retiree participant or a dependent) have the right to have the initial determination reviewed. You may also designate a representative to act on your behalf. You must follow the appeals procedure set forth in the Summary Plan Description and summarized in the written claim denial you received. These will explain where you file your appeal. You must file an appeal before you file a lawsuit under ERISA, the federal law governing employee benefits.

If the determination you wish to appeal pertains to eligibility for benefits, premium payments, or Plan interpretation not involving a medical determination, you should use this form and send your written request for appeal to:

Board of Trustees of the  
Middletown Works Hourly and Salaried  
Union Retirees Health Care Fund  
1201 Crawford Street  
Middletown, OH 45044-4575

Telephone: 1-877-392-9991  
Fax No.: 513-217-4419

Remember, your written claim denial will tell you how and where to file your appeal. If you are in doubt or have any questions, please contact the Fund Office in Middletown, Ohio.

### **When to Appeal**

If you are appealing to the Trustees, you must file your written appeal within 180 days after you receive the notice of denial. A claim involving death benefits must be filed within 60 days after you receive the notice of denial.

### **Appeal Decisions**

The Trustees, or any subcommittee thereof to whom the Trustees have delegated the responsibility, will decide appeals pertaining to eligibility, premium payments, and any interpretation of the Plan that does not involve a medical determination. Generally, the Trustees will decide your appeal at their next regularly scheduled quarterly meeting, however in some circumstances, such as if the Trustees need more information or if your appeal is received within the 30-day period before the next Trustees meeting, the appeal may be heard at a subsequent meeting.

# Appeal of Benefit Eligibility Denial

(Please see reverse side for summary of Appeal procedure)

To request a review of a benefit denial pertaining to eligibility, premium payments, and any interpretation of the Plan that does not involve a medical determination, please complete this form, and return it to the Fund office at the address listed above. If you need additional space, you may add additional pages. Any information you believe is pertinent should be attached to this form. Please print or type.

Name of Appellant: \_\_\_\_\_

Provide the date of the Fund determination you are appealing and a brief description of and the nature of your claim: \_\_\_\_\_

What is your understanding or reason(s) that your benefit was denied?

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Why do you believe your request for benefits should be approved?

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Your appeal should be addressed to the Board of Trustees of the Middletown Works Hourly and Salaried Union Retirees Health Care Fund and mailed to the Plan office at the address above.