



# Appeal Form

- Office Use Only -

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Effective Date \_\_\_\_\_

PEBB does not process insurance plan appeals. If you disagree with a plan decision, you must appeal directly to the insurance plan. See your plan's member handbook at [www.oregon.gov/DAS/PEBB](http://www.oregon.gov/DAS/PEBB).

PEBB considers appeals only on eligibility decisions, enrollment errors, omissions or missed enrollment timelines. See the Summary Plan Description at [www.oregon.gov/DAS/PEBB/SPD.shtml](http://www.oregon.gov/DAS/PEBB/SPD.shtml).

**Complete and submit this form with the subject enrollment or update form and all supporting documentation.**

## 1. Contact Information

PEBB Benefit Number (P#####), Employee ID, University ID

Last Name	First Name	MI	Agency #	Gender <input type="checkbox"/> F <input type="checkbox"/> M
PEBB and the plans in which you enroll will send <b>all</b> benefit-related correspondence to your contact address.				
Contact Address	<input type="checkbox"/> Check if New Address	Apt #	City	State Zip County
Residence Zip Code	Work Zip Code	Work E-mail	Personal E-mail	(optional)
Date of Birth _ _ / _ _ / _ _ _ _	Work Phone ( ) -	Home Phone ( ) -	(optional)	

## 2. Your Appeal (attach separate sheet if necessary)

### 1. Describe the problem.

### 2. Describe what you want PEBB to do.

## 3. Employee Signature and Authorization

Employee Signature	Date
<b>Send to:</b> Public Employees' Benefit Board 1225 Ferry Street SE, Salem, OR 97301	
<b>Fax:</b> (503) 373-1654	

**Keep a copy of all benefit documents for your records.**