City of Detroit General Retiree Healthcare Trust

LEVEL 1 APPEAL FORM – THIRD PARTY ADMINISTRATOR

Name: _____ SSN: _____

Address: _____ Phone: _____

_____ Email: _____

_____ Date of claim: _____
City State Zip Code

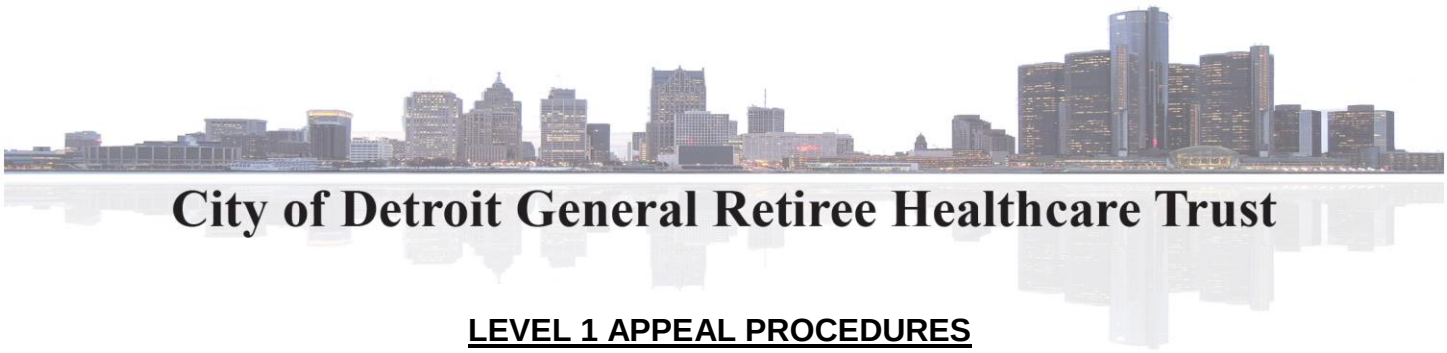
Nature of Appeal (circle one): Date of denial: _____

Benefits Eligibility Termination

In the space provided below, please state in detail the reason(s) for this appeal, including any information, issues, comments, documents, and other records you wish to be considered on appeal (attach additional pages if necessary). **PLEASE TYPE OR PRINT CLEARLY**.

I affirm that all of the information included on this form and all supporting documentation submitted with this appeal are true, and that no prior appeal has been filed with respect to the events described above.

Signature: _____ Date: _____



City of Detroit General Retiree Healthcare Trust

LEVEL 1 APPEAL PROCEDURES

1. The right to file a Level 1 Appeal arises following an adverse claim or eligibility determination made by the Plan Administrator and must be filed with the Plan Administrator, in writing, no later than thirty (30) days following the date of the initial adverse determination. You may include additional comments, information, documentation, and other records that you wish to be considered. Verbal appeals to the Plan Administrator are insufficient under the Plan and will not be considered.

2. The Plan Administrator shall provide written notice of its determination within thirty (30) calendar days following receipt of the written Level 1 Appeal. If the Level 1 Appeal is denied, written notice shall be provided to the claimant, specifying:

   a. the reason(s) for the denial;
   b. the Plan provisions on which the denial is based;
   c. a statement regarding any internal rule, regulation, guideline, protocol, or other policy that was relied upon in denying the Level 1 Appeal; and
   d. a statement explaining the Plan's Level 2 Appeal process.

Please send completed form and all accompanying information/documentation to:

BeneSys
P.O. Box 4955
Troy, MI 48099-4955
Attn:_____