



City of Detroit General Retiree Healthcare Trust

LEVEL 2 APPEAL FORM – BOARD OF TRUSTEES

Name: _____

SSN: _____

Address: _____

Phone: _____

Email: _____

City _____ State _____ Zip Code _____

Date of Level 1 Appeal: _____

Nature of Appeal (circle one):

Date of denial: _____

Benefits Eligibility Termination

Hearing requested (circle): Yes No

Authorized representative (if any): _____

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: _____

P.O. Box 4955 ♦ Troy, MI 48099-4955

Phone 248-641-4913 ♦ Facsimile 248-813-9898 ♦ Toll Free 844-563-8911

www.ourbenefitoffice.com/mydetroitretireebenefits



City of Detroit General Retiree Healthcare Trust

LEVEL 2 APPEAL PROCEDURES

1. The right to file a Level 2 Appeal arises following denial of a Level 1 Appeal by the Plan Administrator and must be filed with the Board of Trustees (the "Board"), in writing, no later than sixty (60) days following the date of the denial of the Level 1 Appeal. You may include additional comments, information, documentation, and other records that you wish to be considered by the Board. Verbal appeals to the Plan Administrator are insufficient under the Plan and will not be considered.
2. A claimant filing a Level 2 Appeal may be represented by an attorney or other duly authorized representative.
3. You may request a hearing before the Board, of which you will be notified at least ten (10) days prior to the scheduled hearing date. One (1) adjournment or continuance of a scheduled hearing may be granted in the sole discretion of the Board. All requests for an adjournment or continuance shall be made in writing at least five (5) days prior to the scheduled hearing date, and shall include a statement of the reasons necessitating the request. The Board, in its sole discretion, may waive the five (5) day notification requirement, or accept a verbal request during a hearing, if proper showing is made that for reasons outside the control of the person making the request, the request could not be made within the prescribed timeframe.
4. Failure to appear at a scheduled hearing that has not been adjourned or continued shall constitute a default and the Board may proceed with its decision as if the hearing had occurred as scheduled.
5. The Board shall notify the claimant or his/her representative of its Level 2 Appeal determination within thirty (30) calendar days following receipt of the Level 2 Appeal or Level 2 Appeal hearing, if any. If the Level 2 Appeal is denied, the Board shall provide a written notice 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;
 - d. a statement that a claimant will be provided, upon request, copies of all documents, records, and other information relevant to the Claim for benefits; and
 - e. a statement of the claimant's right to bring an action under applicable state or federal law.

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

Board of Trustees of the City of Detroit
General Retiree Health Care Trust
c/o BeneSys
P.O. Box 4955
Troy, MI 48099-4955
Attn: Appeals Department