

# For Appeals Only



## Benefits Enrollment - Appeal for Change

Completed appeal with all necessary documentation (if applicable) must be submitted to:

HR Customer Service at interoffice 001.7062

*\*Appeals generally take 5-10 business days to receive a disposition*

**Name:** \_\_\_\_\_ **EMPL ID:** \_\_\_\_\_  
Please Print

**Address:** \_\_\_\_\_ **Apt#** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

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**In the space below, please summarize the reason for the appeal request:**