

# Benefit Appeal

## Explanation of Appeal Form

# Plan Year 2024-2025

### Instructions

This Appeal Form is to be used to request a change in your benefits outside of a Qualifying Life Change. The Appeals Committee will use this form to review your request and either approve or deny the change. Complete this form with details and facts relevant to your request. Please attach any supporting documents you may have with this form.

### Employee Information

Date: \_\_\_\_\_ Ticket # (if known): \_\_\_\_\_

Employee ID Number – **REQUIRED**                      Name (Last)                      (First)                      (Middle Initial)

Personal Telephone    Email Address

Mailing Address    City, State    Zip Code

**If requesting to add or drop a dependent please complete the corresponding section(s):**

### Spouse, Common Law, Domestic or Civil Union Partner

Add    Male  
Remove    Female  
No change    (please check one - required for insurance enrollment)

Name (First, Last, MI): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Relationship to Employee:    Spouse    Common Law Spouse    Domestic Partner    Civil Union Partner

Is your domestic/civil union partner your qualified tax dependent for health coverage?  
Yes, complete the Tax Certification of Dependency Form found at [www.cu.edu/node/164116](http://www.cu.edu/node/164116) with your enrollment.  
No, you will be subject to imputed income (taxable income). For more information, go to [www.cu.edu/node/56944](http://www.cu.edu/node/56944)

### Child 1

Add    Male  
Remove    Female  
No change    (please check one - required for insurance enrollment)

Name (First, Last, MI): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Relationship to employee:    biological/adopted child                      step-child  
child for whom you have legal responsibility - Relationship: \_\_\_\_\_

Is the child a child of a domestic/civil union partner a qualified tax dependent for health coverage?  
Yes, complete the Tax Certification of Dependency Form found at [www.cu.edu/node/164116](http://www.cu.edu/node/164116) with your enrollment.  
No, you will be subject to imputed income (taxable income). For more information, go to [www.cu.edu/node/56944](http://www.cu.edu/node/56944).

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Check one box only

New Hire/Newly Eligible - Date of hire or new eligibility: \_\_\_\_\_  
mm/dd/yyyy

Qualifying Life Change (If applicable, choose from the list below)

[Birth or adoption](#)

[Change University/Faculty](#)

[Staff to Classified Staff](#)

[Change in dependent care needs](#)

[Change of residence out of health plan's network](#)

[Death of a spouse or partner](#)

[Death of a child](#)

[Dependent gaining eligibility](#)

[Dependent losing eligibility](#)

[Divorce or legal separation](#)

[Employee gaining eligibility](#)

[Employee losing eligibility](#)

[Marriage or Partnership](#)

[Medical child support order](#)

Other - \_\_\_\_\_

Date of event: \_\_\_\_\_

**What benefit(s) does your appeal affect?**

CU Health Plan Medical  
CU Health Plan Dental  
CU Health Plan Vision  
Health Care FSA  
Dependent Care FSA  
Health Savings Account

Short Term Disability  
Long Term Disability  
Basic Life Insurance  
Optional Life Insurance  
Voluntary Accidental Death  
Dismemberment Retirement Plan

**What do you want to do?**

Change plans  
Drop a plan  
Add a plan  
Drop a dependent  
Add a dependent  
Other

**What is your desired outcome?**

**What extenuating circumstances led to the need for this appeal?**

**List any additional information relevant to the appeal.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How to Return Your Explanation of Appeal Form**

**ELECTONICALLY**

If you are ready to submit your form, click on the submit button.

**BY MAIL**

Make a copy for your records and send the original to:  
University of Colorado  
Employee Services  
1800 Grant Street, Suite 400  
Denver, Colorado 80203

**BY FAX (secured)**

303-860-4299

Keep a copy of the fax transmission report with your form for your records.