Member's SSN or Member Id:

_____

Member Benefit Appeal Request Form

WISCONSIN LABORERS' HEALTH FUND

4633 LIUNA WAY, SUITE 201 DE FOREST, WI 53532-2510
TELEPHONE: 608-846-1742 TOLL FREE: 800-397-3373
WEBSITE: WWW.WILBENEFITS.COM

If you are not satisfied with the Wisconsin Laborers Health Fund's ("WLHF") decision to deny your benefit claim, in whole or in part, or you disagree with determination of your eligibility, you have the right to appeal that decision and have it reviewed by the WLHF Trustees (see reverse side of form for WLHF's appeal process). If you would like your case reviewed, please fill out the below form and return within:

- ***180 days after you receive the notice of denial for eligibility, healthcare, prescription drug, or Weekly Accident and Sickness Benefit claims***
- ***90 days after you receive the notice of denial for Death or AD&D Benefit claims.***

Your written appeal should explain the reasons you disagree with the decision on your claim, and include all supporting documents such as written comments, documents or other information in support of your appeal, along with a copy of your denial letter.

To Ensure No Delay's Please Write Legible and Ensure All Supporting Documents are Readable

Name of Person Filling Appeal (Please Print):

_____

Street Address:

Phone Number: _____

Email: _____

You Are (Circle One)

Patient Parent Member Beneficiary Authorized Representative

If authorized representative is circled, and no authorized representative form is on file, Patient must sign here indicating authorization.

Signature: _____ Date: _____

Type of Appeal (Circle One) Health Claim Prescription Drug Eligibility Weekly Accident and Sickness Death Benefit AD&D Benefit

Claim Number(s) (if applicable):	Date(s) of Service:	Issue You are Appealing:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you requesting an urgent appeal? ❑ Yes ❑ No (please refer to back of form for what constitutes an urgent appeal)

Additional Information Regarding Your Appeal (attach additional pages if necessary):

Appellant's Signature: _____ Date: _____

Please remember to send this form, your denial letter, and all supporting documents together one of the following ways:

Mail: **Wisconsin Laborers' Health Fund**
Attention: Appeals
4633 Liuna Way Suite 201
Deforest, WI 53532

or

Fax: **608-846-3192**
Attention: Appeals
Subject: Member Benefit Appeal Form

Important Information About Your Appeal Rights

What if I need help understanding this Explanation of Benefits ("EOB")/letter? Contact the Wisconsin Laborers' Health Fund (WLHF) at 608-846-1742, or toll free at 1-800-397-3373, if you need assistance understanding your EOB or our decision to deny you a service or coverage.

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will generally be conducted within 72 hours of receipt. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal.

Can I request copies of information relevant to my appeal? Yes, you may request copies of claims and other information free of charge. If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting WLHF at 608-842-9101 for any claims information or 608-842-9094 for any Death or AD&D information.

What is the typical appeal time frame? A determination on your appeal will be made within certain timeframes. The deadlines differ for the different types of claims as shown in the following information:

- **Health Care Claims:**
  - Urgent Care Claims. A determination will be made within 72 hours from receipt of your appeal.
  - Pre-Service Claims. A determination will be made within 30 days from receipt of your appeal.
  - Post-Service Claims. A determination will be made at the Trustees' next regularly scheduled meeting following receipt of your appeal. However, if the request is filed within 30 days of the date of the meeting, the determination may be made at the second meeting following receipt of your appeal. If special circumstances require a further extension, a decision will be made at the third meeting following receipt of your appeal. You will be notified if any extension is necessary. The notice will state the special circumstances and the date the Plan expects to make a decision. You will be notified of the decision in writing within five days of the meeting at which the decision is made.
  - Concurrent Care Claims. A determination will be made before reduction or termination of your benefit.
- **Weekly Accident and Sickness, Death Benefits, and AD&D Benefits:**
  - A determination will be made at the Trustees' next quarterly meeting following receipt of your appeal. However, if the request is filed within 30 days of the date of the meeting, the determination may be made at the second quarterly meeting following receipt of your appeal. If special circumstances require a further extension, a decision will be made at the third quarterly meeting following receipt of your appeal. You will be notified if any extension is necessary. The notice will state the special circumstances and the date the Plan expects to make a decision. You will be notified of the decision in writing within five days of the meeting at which the decision is made.

How will I receive the decision of my appeal? The decision on any appeal of your claim will be given to you in writing. The notice of a denial of a claim on appeal will state:

- The specific reason(s) for the determination.
- Reference to the specific Plan provision(s) on which the determination is based.
- A statement that you are entitled to receive reasonable access to and copies of all documents relevant to your claim, upon request and free of charge.
- A statement of your right to bring a civil action under ERISA Section 502(a) following an adverse benefit determination on review and the specific limitations period that applies and, for Weekly Accident and Sickness claims, the calendar date on which the limitations period expires on the claim. You must bring any lawsuit within two years from the date the claim was required to be received by the Fund Office.
- If an internal rule, guideline or protocol was relied upon by the Fund, then you may receive either a copy of the rule or a statement that it is available upon request at no charge. If the determination was based on Medical Necessity, or because the treatment was Experimental or Investigative, or other similar exclusion, then you may receive an explanation of the scientific or clinical judgment for the determination applying the terms of the Plan to your claim, or a statement that it is available upon request at no charge. For Weekly Accident and Sickness claims, the notice of denial will also include an explanation for not following or disagreeing with the following:
  - The views presented by you to the Plan of the health care professionals treating you and vocational professionals who evaluated you;
  - The views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with an adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination;
  - A disability determination presented by you to the Plan made by the Social Security Administration; and.

For Weekly Accident and Sickness claims, the notice of denial will also include:

- The specific internal rules, guidelines, protocols, standards or other similar criteria the Plan relied upon in making the adverse determination or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist.
- The notice of denial further include a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim.

Contact Wisconsin Laborers' Health Fund With Any Questions:

Phone: 608-846-1742
Toll Free 1-800-397-3373
Mail: 4633 Liuna Way Ste 201
Deforest, WI 53532