

Pension Application Appeal Request Form

LiUNA!
WISCONSIN LABORERS' PENSION FUND
Feel the Power
WISCONSIN LABORERS' PENSION FUND

4633 LIUNA WAY, SUITE 201 DE FOREST, WI 53532-2510

TELEPHONE: 608-842-9103 TOLL FREE: 800-397-3373

WEBSITE: WWW.WILBENEFITS.COM

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

- **60 days after you receive the notice of denial for non-disability pension appeals**
- **180 days after you receive the notice of denial for disability pension appeals**

Your written appeal should explain the reasons you disagree with the decision on your application, 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 notice. If you do not file an appeal within the notice period listed above, the initial decision will become a final decision.

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

Name of Person Filling Appeal (Please Print):
You Are (Circle One)

Member

Authorized Representative

Street Address:

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

Phone Number:

Signature: Date:

Email:

Type of Appeal (Circle One) Regular Pension Early Retirement Special Pension Deferred Pension Disability Pension

Issue you are appealing:

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' Pension Fund
Fax: 608-846-3192
Attention: Pension Appeals
OR
Attention: Pension Appeals
4633 Liuna Way Suite 201
Subject: Member Benefit Appeal Form
Deforest, WI 53532

Important Information About Your Appeal Rights

The Board of Trustees, in its discretion, will decide if you, or your beneficiary, are entitled to payment of a benefit under the Plan. If you disagree with the Board of Trustees' determination of your entitlement to a benefit, you should then file an appeal with the Board of Trustees. That appeal should state the benefits to which you feel you are entitled along with supporting information as described in the next section.

Non-Disability Appeals

You will be notified in writing if your application is partially, or fully denied, within 90 days of the receipt of the application by the Fund Office. If special circumstances require, the 90-day period may be extended up to another 90 days provided the Fund Office furnishes you with a notice prior to the expiration of the first 90-day period. The notice will include:

- The specific reason for the denial
- Specific reference to the provision or provisions of the Plan on which the decision is based
- A description of additional material or information required to substantiate your claim and an explanation of why it is necessary
- A complete description of the appeal procedure
- A statement that you have the right to bring a civil action under ERISA following an adverse determination review.

If you disagree with the initial decision denying your application, you must file a written request for a review by the Board of Trustees. **You should file your appeal with the Fund Office within 60 days of the date you receive the denial notice.** Your appeal should state all the reasons you disagree with the initial decision denying your application. You, or your representative, may review all official documentation relating to the Plan when preparing your appeal. You may submit to the Board of Trustees any document or written comments which pertain to your appeal.

If you do not file an appeal within the 60-day notice period, the initial decision will become a final decision.

Disability Pension Claims and Appeals

All applications for benefits should be filed with the Fund Office. If you claim to be entitled to a Disability Pension under the Plan and the Fund Office determines that you are not eligible, the Fund will notify you in writing within 45 days of the receipt of your claim. The Fund may require an extension of up to 30 days to notify you of the denial. If the Fund requires this extension, you will be notified within the original 45-day period. If the Fund requires a second 30-day extension because a decision cannot be made within the first extension period, you will be notified of the second extension before the first extension period expires.

If your application for a benefit is denied, in whole or in part, you will be sent a written notice explaining:

- The specific reason(s) for the denial
- The exact Plan provision(s) on which the decision was based
- What additional material or information is needed to process your application
- What procedure you should follow to get your application reviewed again
- A statement explaining your rights to bring a civil action under Section 502(a) of ERISA following an adverse benefit determination after the review
- In the case of a Disability Pension, whether any internal rule, guideline, or protocol was relied upon and the offer of a copy, free of charge, upon request, of such internal rule, guideline, or protocol.

If your application is denied, you have the right to request that your application be reconsidered by the Board of Trustees or a delegated Committee of the Board of Trustees. **You must request this in writing within 180 days after you receive the application denial notice.** Your resubmitted application may include any additional information you believe relevant to your application. You may also review any pertinent documents the Fund has that concern your application, such as copies of the Plan document or special information relating to your application.

If you do not file an appeal within the 180-day notice period, the initial decision will become a final decision.

When Will a Decision Be Made On My Appeal?

The Board of Trustees, or a delegated Committee of the Board, will make a decision at its first quarterly meeting following receipt of your appeal (unless the appeal is received within 30 days of the meeting, in which case the appeal will be considered at the second scheduled quarterly meeting). If there are special circumstances requiring a delay, the decision may be made at the third quarterly meeting following receipt of your appeal. The Fund Office will contact you if postponement is required. The Board of Trustees or the delegated Committee of the Board will advise you of its decision in writing five days after a decision has been made. The written decision on your appeal will:

- Contain the reason or reasons for the decision
- Refer to specific Plan provisions on which the decision is based
- Notify you of your right to access and copy (free of charge) all documents, records and other information relevant to the claim
- Notify you of the right to bring a civil action under ERISA
- Notify you of additional voluntary levels of appeal offered by the Plan, if any.

Why Do I Need To Go Through The Appeal Process?

It is important that you comply with the Plan's appeal procedures if you disagree with the initial denial of your claim. You may not commence an action for benefits until you have exhausted all administrative review options available under the Plan. The decision of the Board of Trustees or the delegated Committee of the Board will be binding unless determined to be arbitrary or capricious by a court having jurisdiction over such matters. In other words, benefits will only be paid under the Plan if the Board of Trustees or a delegated Committee decides in its discretion that the applicant is entitled to them

Contact Wisconsin Laborers' Pension Fund With Any Questions:

Phone: 608-842-9103

Toll Free 1-800-397-3373

Mail: 4633 Liuna Way Ste 201

Deforest, WI 53532