

## 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:** \_\_\_\_\_

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

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

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

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

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Once Electronically signed, the employee portion of this form will be locked.

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**To be completed by Human Resources Only: Received/Scanned by HRCS** \_\_\_\_\_

**Disposition:** \_\_\_\_\_

**Comments:**

**HR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Once Electronically signed, the HR portion of this form will be locked.

**Final Entry Scan by HRCS** \_\_\_\_\_