

Benefit Appeal

Explanation of Appeal Form

Open Enrollment 2025

Instructions

This form cannot be completed in a web browser.

1. **Download** the form to your desktop from the web browser.
2. **Open** the form in Adobe or Adobe Reader before completing.

To submit an appeal for an unintended or missed election during this year's Open Enrollment period, please complete and return this form along with any supporting documentation to support your appeal by following the [submission instructions](#) at the bottom of page two. The Appeal's Committee will review the submission to make a determination on your case.

Employee Information

Date: _____

Ticket # (if known): _____

Employee ID Number – **REQUIRED**

Name (Last)

(First)

(Middle Initial)

Personal Telephone

Email Address

Appeal Details

What benefit(s) does your appeal affect?

Check all that apply

CU Health Plan Medical
CU Health Plan Dental
CU Health Plan Vision
Health Care Flexible Spending Account
Dependent Care Flexible Spending Account
Short Term Disability
Long Term Disability
Optional Life Insurance
Voluntary Accidental Death and Dismemberment

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?

**If appealing to enroll in a HCFSa or the DCFSA, please illustrate the intended plan year amount in this section.*

Name: _____ ID #: _____

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

ELECTRONICALLY

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

Wait for the automatically generated email and select SEND.

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.

SUBMIT