

Eligibility Appeal Process

Each November, employees receive notification if they are not eligible for benefits for the following year based on the number of hours worked from October to October.

Employees who believe that their benefits eligibility determination is incorrect can request a review within 60 days by submitting an Appeal Initiation Form.

- To request an Appeal Initiation Form, employees can go to www.SodexoBenefitsCenter.com >Health and Insurance > Learn About >Forms and Materials or contact Sodexo Benefits Center at **855 668 5040**. If the employee signs up for electronic delivery of information from the website, the form will be emailed. Otherwise, it will be mailed to the employee's home.
- **Using an Appeal Initiation Form from the Benefits Center will expedite the appeal process**, but a form is not required.

Mail or fax (847 554 1806) the completed Appeal Initiation Form and supporting documentation to:

**Sodexo Benefits Center
Claims and Appeals Management Team
P.O. Box 1407
Lincolnshire, IL 60069-1407**

Employees who choose not to use a form should include the employee's name, employee identification number, unit number, and any relevant documentation to support their claim that the eligibility determination was incorrectly determined. Employees should send copies of documents - no documents will be returned.

Employees can review their hours through their pay statements and use pay statements as supporting documentation. Pay statements are available through Employee Self-Service (ESS).

If all information needed to make a decision is included by the employee, a decision will be provided by the Sodexo Benefits Center. For additional information about how to file an eligibility appeal, please see the applicable Summary Plan Description.