**Appeal Initiation Form**

To make an official appeal to the Sodexo Benefits Center:

* Complete all pages of this form and include any documentation that supports your appeal
* Mail or fax all pages of this form along with any supporting documentation to the address below
* Keep a copy of this form for your records

**Fax:**

847-554-1806

**Mail:**

Claims and Appeals Management Team

P.O. Box 1407

Lincolnshire, IL 60069-1407

Appeal Information

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This appeal is for:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name: |  |  |  |  |  |
|  | Last Name |  | First Name |  | Middle Initial |
|  |  |  |  |  |  |
| Address: |  |  |  |  |  |
|  | Street or P.O. Box |  | Apartment number |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | City |  | State |  | Zip Code |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Home Phone Number |  | Alternate phone number |  |  |
| Employee Identification No. | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | |
| Employee’s Unit No. | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | |

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**Supporting Details of the Appeal**

Please provide a detailed description of your appeal (e.g., eligibility hours, FMLA/Leave of Absence) and why you think you are entitled to this appeal. Enclose with this form copies of any documentation that supports your appeal. Documents will not be returned to you—do not send original documents. If you need additional space, attach a separate piece of paper.

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**Appeal Procedure**

The Summary Plan Description, located at www.SodexoBenefitsCenter.com, describes the appeals procedures. You can request a paper copy of the Summary Plan Description to be mailed to your home address by calling 855-668-5040.

**Acknowledgment and Signature**

By signing below, I acknowledge that I reviewed and understand the information contained in this form, the information contained in the Summary Plan Description, and any other plan-related information previously provided to me. I also understand that any rights under such plan are governed by the appeals procedures of the plan.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

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