

APPEAL PROCEDURE

If your application is partly or entirely denied, you may appeal the decision. Follow these steps to have your application reviewed.

- Step 1:** You (or your representative) may ask the Trustees to review your denied application within 60 days (180 days for Total and Permanent Disability Benefit claims) after the date a decision is issued. The written appeal must be delivered to the Fund Office in person or by registered or certified mail and should include any related issues, comments, and reasons you think your application should not be denied. You may also request copies of appropriate Plan documents.
- Step 2:** Your appeal will be forwarded to the Appeal Review Panel, who will, upon receipt of the appeal, set a hearing date to review the appeal. The Panel consists of employer and union trustees, and the Panel members are subject to change. If before the hearing date, the Appeal Review Panel reverses the original decision to deny benefits, you will be informed, in writing, immediately, and the hearing will be cancelled and provisions will be made to pay benefits.

Normally, the Appeal Review Panel will make provisions to render a final decision within 60 days (45 days for Total and Permanent Disability Benefit claims) of the date that you request a review. If the Trustees need more time (up to another 60 days or 45 days for Total and Permanent Disability Benefit claims), you will be notified why the extension is necessary and when you can expect a decision. The Appeal Review Panel has the right to use the services of legal counsel, auditors, and other professionals retained by the Trustees of the Plan. The final, written decision will include references to the parts of the Plan used to make the decision.

You (and/or your representative) will have the opportunity to submit, in writing, issues and comments to be considered at the Appeal Review Panel hearing. You also have the right to review all pertinent information

- Step 3:** If your application is denied again, you will have 30 days from the date of the decision to request a rehearing. If your application is denied at the rehearing, the Trustees decision is final, you can decide whether you want to seek legal help. See your rights under ERISA on page 35.

SMART Local 265

Fringe Benefit Funds

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PENSION FUND APPEAL REQUEST FORM

Member Name: _____ Last 4 of SSN: _____

Address: _____ Date of Birth: _____

Phone number: _____ Member Status: _____ Active _____ Retiree

USE A SEPARATE SHEET OF PAPER TO COMPLETE THE FOLLOWING IF NECESSARY

What are you appealing? _____

Why are you appealing? _____

What are you expecting as the outcome of your appeal? _____

☐ Check box here if you have attached additional information with your appeal.

I hereby certify the above statements are true and complete to the best of my knowledge and belief. A photocopy of this authorization shall be considered as effective and valid as the original.

Member

Date