

Alight Smart-Choice Accounts

Appeals process

This claim for benefits was processed according to the terms of your benefit plan. If your claim was denied in whole or in part, the specific reason(s) for the denial of any benefits is provided in "Claim details." Benefits were denied based on your plan's reimbursement requirements. If you aren't satisfied with the determination, call a Customer Care representative at the phone number listed on the website.

If after further review you're still not satisfied with the determination, **you may appeal the denial at no cost** to you by completing and submitting a Claim Review Form within **180 days** of the date you received the determination. If you don't submit a Claim Review Form during this period, no further action will be taken and you won't be able to file an appeal for this claim at a later date.

Q. Where can I find the Claim Review Form?

A. To request a Claim Review Form, call a Customer Care representative.

Q. What do I need to include with the Claim Review Form?

A. When completing the Claim Review Form, state the reason you believe the claim for benefits was improperly denied. To help determine if your claim is eligible for reimbursement, you should submit information that would help substantiate a valid claim under plan provisions (such as third-party receipts). Review the website for more details about what documentation is needed.

Q. What is the claim review process?

A. The review will be by a person who wasn't involved in the initial determination (not a subordinate of that person) and won't defer to the initial determination. It will take into account all comments, documents, and other information submitted by you, without regard to whether that information was submitted or considered in the initial determination.

Q. Who can file the Claim Review Form?

A. You or someone you appoint to act for you (your authorized representative) may file an appeal. To appoint a representative, you must submit a valid power of attorney along with your Claim Review Form.

Q. Is there a time limit for appealing a denied claim?

A. Yes, you must submit a Claim Review Form within **180 days** of the date you received the determination. If you don't submit a Claim Review Form during this period, no further action will be taken and you won't be able to file an appeal for this claim at a later date.

Q. What is the appeal response time?

A. Your appeal will be reviewed and you'll be provided with a written explanation of the benefit determination within **30 days** of receipt for health care and **60 days** for dependent care.

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Q. What are my rights when filing a Claim Review Form?

A. You may submit written comments, documents, records, and other information relating to the claim for benefits with your Claim Review Form. You may request copies of all documents, records, and other information relevant to your claim for benefits, and such copies must be provided to you at no charge. If you file an appeal and your request continues to be denied, or you don't receive a timely decision after you've exhausted the plan's required appeal procedures, you have a right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA). Note that dependent care plans aren't subject to ERISA, so you may only bring a civil action under 502(a) of ERISA for denials under health care flexible spending accounts and Health Reimbursement Arrangements.

Q. Health Reimbursement Arrangement (HRA) appeals

A. If you file a Claim Review Form associated with your account and your request continues to be denied, or you don't receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final written decision. Note that external reviews are not available for all claims under HRAs. For more information regarding the availability of an external review, refer to your plan's summary plan description (SPD), contact your employer, or contact the Employee Benefits Administration at **866-444-3272**.

Q. Where can I find more information?

A. For more information, refer to your plan's SPD or contact a Customer Care representative at the phone number located on the website.