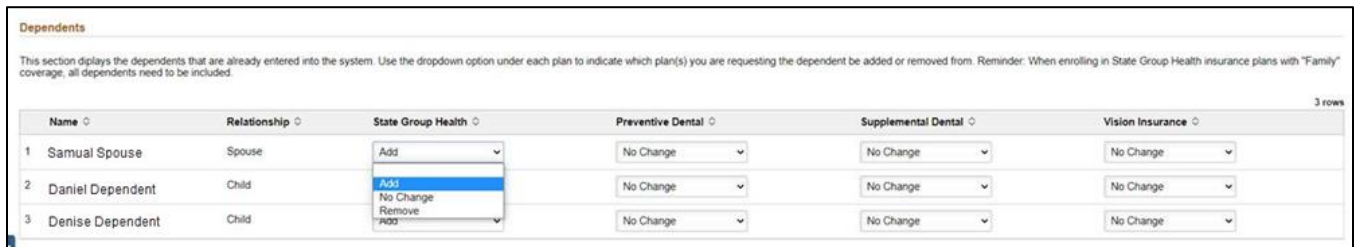


Annual Benefit Enrollment Appeals eForm

Appeals for Annual Benefit Enrollments (ABE) must be submitted as soon after ABE as you find an issue with your election(s). A single form can be used to appeal multiple enrollments. Based on the volume of appeals received, a final decision can take up to 60 days from the date your appeal is received in good order. You will be notified when your appeal has been approved or denied.

Complete the Appeals eForm

- Click on the **Benefit Information** tile from the MyUW portal.
 - All UW:** Employees can access the MyUW System portal at <https://my.wisconsin.edu/>
 - UW Madison:** Employees can access the MyUW Madison portal at <https://my.wisc.edu/>
- Click on **Launch Full App** on the Benefit Information tile.
- Scroll to the bottom of the page and click on **View Benefits Summary Detail**.
- Then click on **Enrollment Appeal** in the left navigation
- Click on **Add a Benefits Appeal**
- Enter the reason for the appeal and any supporting information in the Employee Statement field.
NOTE: Do not include Social Security Numbers, dates of birth or other identifiers in this field.
- Choose the **Election Action** from the drop-down menu for the benefit plan you want to appeal. There are four **Election Actions** that can be taken: **New Enrollment**, **Rescind Annual Election**, **Cancel Coverage**, or **Update Current Enrollment**.
- Using the drop-down options, choose the **Benefit Plan** and **Coverage Level**.
- Verify that all dependents are listed in the **Dependents** section.
NOTE: You will be able to add dependents as needed in this section.
- Choose Add, No Change, or Remove for each dependent listed for each benefit plan you are appealing. **NOTE:** You will be able to add dependents as needed in the following section.



Dependents

This section displays the dependents that are already entered into the system. Use the dropdown option under each plan to indicate which plan(s) you are requesting the dependent be added or removed from. Reminder: When enrolling in State Group Health insurance plans with "Family" coverage, all dependents need to be included.

Name	Relationship	State Group Health	Preventive Dental	Supplemental Dental	Vision Insurance
1 Samuel Spouse	Spouse	Add	No Change	No Change	No Change
2 Daniel Dependent	Child	Add No Change Remove	No Change	No Change	No Change
3 Denise Dependent	Child	Add No Change Remove	No Change	No Change	No Change

3 rows

- Add **New Dependents** that you wish to add to your insurance plan(s).
- Read the **Acknowledgement** section, review the Enrollment Terms and Conditions, and then switch the toggle from No to Yes to indicate that you agree.
- Click the **Submit** button to submit your appeal. Employees will receive written notification by Employee Trust Funds of approval or denial of any appeal.