Appeal Form
Public Employees' Benefit Board
www.oregon.gov/das/pebb

SECTION A - EMPLOYEE INFORMATION					
LAST	FIRST	MI	ID NUMBER (SSN, OUS#, Benefit #)		
RESIDENCE ADDRESS		CITY	STATE	ZIP	
		COUNTY	HOME PHONE		
E-MAIL		AGENCY	WORK PHONE		

SECTION B – IMPORTANT INFORMATION

PEBB honors the confidentiality of personal health information. For this reason PEBB does not process insurance plan appeals. If you disagree with the plan's coverage, claim or reimbursement decision, you must appeal directly to the insurance plan. Each insurance plan provides information about the appeal process in their individual member handbook.

You may appeal to PEBB eligibility decisions, enrollment errors, omissions or missed enrollment timelines**.**

To expedite your PEBB appeal:

- **Complete and submit this form.**
- **Attach a completed enrollment or update form (depending on the subject of your appeal) including the dates requested on the form.**
- **Attach any other supporting documentation.**

PEBB will send you a notice of receipt and tracking number. Please use this number if you contact PEBB about your appeal. Most appeals receive a decision within 45 days of receipt. See the PEBB Member Handbook for more information about the PEBB appeal process.

SECTION C – THE APPEAL

1) Describe the problem. If you require more space, attach additional sheets.

2) Describe what you want PEBB to do.

SECTION D – MEMBER SIGNATURE

Signature: _____ **Date:**_____

Send to: Public Employees' Benefit Board
1225 Ferry St. SE
Salem, Oregon 97301
Or Fax: 503-373-1654 **Keep a copy of all documents for your records.**