



P.O. BOX 259537
MADISON, WI 53725-9537
FAX 608.276.9119
CUSTOMER CONTACT CENTER 800.279.4000

**APPEAL REQUEST FORM
FOR GROUP LONG TERM CARE INSURANCE**

Your Name: _____

Your Address: _____
(Street and Number) (City/Town) (State and Zip Code)

Telephone Number: _____
(Home) (Alternate)

Subscriber Number: _____ Group Number: _____

1. **Please attach a copy of the final notice of denial that you received from us.** You must file your appeal within three years of the date of that letter.

2. Please cite the provisions of the insurance policy that you believe have not been properly administered.

3. Explain why you disagree with our decision and how you believe it is contrary to the terms of the insurance policy. You may attach your statement and explanation to this form. In your explanation, you may also include any matters you would like the LTC Appeal Committee to consider in reaching its decision regarding your appeal.

For the reasons explained above, I believe that the decision of WEA Insurance regarding my claim/application for coverage is contrary to the insurance policy. Therefore, I appeal the denial decision. I certify that all information on which I will rely in making this appeal has been previously submitted. I understand that the appeal process cannot be used to introduce information that has not been previously received and considered by WEA Insurance, and that the new information will cause this matter to be returned to the Company for further review and decision.

Signature: _____ Date: _____

Send all to: General Counsel
WEA Insurance Corporation
P.O. Box 259537
Madison, WI 53725-9537

Submitting Forms and Correspondence to WEA Trust

To make filling out forms easier, some of our forms are fillable PDFs which allow you to complete and then save the form on your computer or device. Depending on the browser you are using you may or may not be able to use this feature.

Fillable PDFs require Adobe Acrobat or Acrobat Reader/Acrobat DC to fill them out online or on your computer. Many browsers use a different PDF viewer by default that doesn't support fillable form fields.

If you are unable to complete the forms on your computer or device, you may be able to download and save them to your computer and then fill them out. If you are unable to complete the forms on your computer or device or are unable to download the forms, please feel free to call us at **800.279.4000** and we will be happy to mail you paper copies.

Don't forget to save your work to your computer or device often.

You can submit forms and correspondence to us in whatever way works best for you ...

Postal Service

Address your envelope to:

WEA Trust

PO Box 259537

Madison, WI 53725-9537

Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

608.276.9119

Secure File Upload

Send scanned or electronically completed forms to us via our www.weatrust.org website at:

<https://weatrust.org/secure-file-upload-1>

Email

Attach your scanned or electronically completed forms to an email and send to us at:

customerservice@weatrust.org

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.