

Open Enrollment Appeals Form

Date:	Employee Name:	Employee ID#:	Mail Stop#:
Question 1) Did you access the Open Enrollment system?		No <input type="checkbox"/> (go to Question 3)	Yes <input type="checkbox"/> (go to Question 2)
Question 2) What was the system enrollment problem? Describe the problem: Stop here: Fax this form to the address below by February 27, 2009 , include a copy of your final enrollment summary page printout with the fax.			
Question 3) Was the reason you failed to access the system due to extenuating circumstance(s)? No <input type="checkbox"/> <p style="text-align: center;">Stop Here – Your request for enrollment after February 11, 2009 is denied.</p> Yes <input type="checkbox"/> (go to Question 4)			
Question 4) If you failed to access the system due to extenuating circumstance(s) describe, in detail , the reason you failed to make your annual elections. Include supporting documentation to show you were on international/remote travel or dealing with a medical emergency for yourself or an immediate family member or describe other circumstance(s). Fax or mail the form with supporting documentation to the address below by December 7, 2007 .			

HBE/Special Open Enrollment Review
Attn: Benefits Manager
Fax: 505-844-0662
Or Mail Stop 1463
Must be received by Midnight, February 27, 2009, M.S.T.