



**APPLICATION FOR REVIEW**

Use this form to file an appeal of a claim for benefits that has been denied, in whole or in part. You must file your appeal within 60 days after the date you receive written notice of the denial of your claim. To facilitate processing of your appeal, please attach a copy of written notice of denial to this form. For more information, see the back of this form.

**Participant Information.** Please print clearly.

Participant's Last Name	First Name	Middle Initial	Social Security Number
Mailing Address	City	State	Zip Code
Home Phone Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single
Employer		Work Phone Number	

**Authorized Representative or Surviving Spouse Information** Fill out this section if you are not the Participant. Please print clearly.

Your Last Name	First Name	Home or Cell Phone Number	Relationship to Participant: <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Authorized Representative
Mailing Address	City	State	Zip Code

**Type of Appeal** Please check one box only

- Pension
- Other \_\_\_\_\_ . If this appeal does not concern a Pension benefit, the Appeals Procedure on the reverse side does not apply to your appeal.

**Reason For Appeal** Please provide an explanation of your appeal and describe why you think your claim for benefits should be paid. Include any facts or reasons that you think establish your right to benefits. You may attach any documents, records or other information that supports your claim for benefits. Use a separate sheet of paper if necessary.

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Appellant's Signature

Date

**SOUTHERN CALIFORNIA U.F.C.W. UNIONS AND DRUG EMPLOYERS PENSION FUND  
APPEALS PROCEDURE**

**A. Application For Review (Appeal).** You or your Authorized Representative (someone you name to act for you) may request a review of the Southern California UFCW Unions and Drug Employers Pension Fund's decision not to provide or pay for a benefit or coverage (in whole or in part) by filing a written request for review (called an appeal). To designate an Authorized Representative, obtain an *Appointment of Authorized Representative Form* from the Fund Office or download the form at [www.ufcwdrugtrust.org](http://www.ufcwdrugtrust.org).

**B. Appeal Procedure**

- 1. Deadline for Filing Appeal.** Your appeal must be filed with the Fund within 60 days after you receive a written notice of the denial of your claim (e.g., a denial of your claim for retirement benefits). The Board of Trustees may consider a late application if it concludes the delay in filing was for reasonable cause.
- 2. Review Procedure.** The Board of Trustees (or the Appeals Committee) will give your appeal a full and fair review. As part of the appeals process:
  - a. You may submit any written comments, documents, records, evidence, or other information that supports your claim, regardless of whether such information was submitted or considered in the initial review.
  - b. You may request copies (free of charge) of all documents, records, and other information relevant to your claim.
  - c. *For Disability Claims only:* You may request the identity of any medical or vocational expert whose advice was obtained in connection with the claim denial.
  - d. You cannot appear personally before the Appeals Committee, unless it concludes that your appearance would be of value in enabling it to perform a full and fair review of your appeal.

**C. Notice of the Decision on Review.**

- 1. Timing of Decision.** Your appeal will generally be decided at the first Appeals Committee meeting that occurs at least thirty (30) days after your appeal is filed. If special circumstances require an extension of time, the decision will be made by the third Appeals Committee meeting after your appeal is filed, or later if you are asked to submit information necessary to decide the appeal. If special circumstances require an extension of time for processing, you will receive written notice before the extension begins. You will be notified in writing of the decision on your appeal within five (5) days after it is made.
- 2. If Your Appeal Is Denied.** If your appeal is denied or you do not receive a timely decision, you have the right to bring a civil action under ERISA Section 502(a). *You cannot file a civil action until you have exhausted the Fund's claims and appeals procedures.*

**D. Filing an Appeal.**

Your appeal should be directed to the Board of Trustees at the following address:

**Southern California UFCW Unions and Drug Employers Pension Fund  
P.O. Box 27920, Los Feliz Station  
Los Angeles, California 90027 (323) 666-8910 x500**