



SOUTHERN CALIFORNIA GENERAL SALES EMPLOYERS U.F.C.W. UNIONS PENSION FUND

P.O. Box 27920

Los Angeles, CA 90027-0920

APPEAL FORM APPLICATION FOR REVIEW

Use this form to file an appeal of a claim for pension benefits that has been denied in whole or in part. You must file your appeal within 60 days after the date you receive the Fund's determination of your pension claim. To facilitate the processing of your appeal, please attach a copy of the Fund's determination letter to this form. The reverse side of this form contains a summary of the Pension Fund's procedures for appealing the denial of a claim. If your appeal does not concern a Pension benefit, the Appeals Procedure on the reverse side does not apply to your appeal.

Participant Information Fill out this section whether the appeal is for yourself or someone else. 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	Middle Initial	Social Security Number
Mailing Address	City	State	Zip Code

Are you a:

Surviving Spouse

Personal Representative

Representative of a Surviving Child or Surviving Children

Documentation Presented

Statement of Facts Use separate sheet of paper if necessary. Additionally, please attach any documents you want the Appeals Committee to consider as part of its review.

Appellant's Signature

Date

Reverse side of this form contains a summary of the Pension Fund's procedures for appealing the denial of a claim.

**SOUTHERN CALIFORNIA GENERAL SALES EMPLOYERS U.F.C.W. UNIONS PENSION FUND
APPEALS PROCEDURE**

A. Notice Of Denial Of Claim

If your pension claim is denied in whole or in part, you will receive a notice of the denial of your claim from the Fund Office. The notice of denial will be sent to you within 90 days after your claim is filed, unless special circumstances require an extension of time for processing the claim. If an extension of time is required, you will receive a written notice within 90 days of the date you filed your claim stating the special circumstances requiring an extension of time and the date by which a decision on the claim can be expected, which will not be more than 180 days from the date your claim was filed. If you do not receive a decision on your claim within 180 days after your claim is filed, you may proceed to the Appeal Procedure indicated in Section B below.

The Fund's notice of the denial of your claim will contain the following information: the specific reason or reasons for denial; specific reference to pertinent Plan provisions on which the denial of your claim has been based; a description of any additional material or information necessary for you to perfect your claim and an explanation of why such material or information is necessary; and an explanation of the procedure to be followed to appeal the denial of your claim and the time limits applicable to such procedures, including a statement of your right to bring a civil action under ERISA Section 502(a) following the denial of a claim on appeal.

B. Appeal Procedure

1. **Application For Review.** You or your duly authorized representative, may request a review of the denial of your claim by filing a written application for review within 60 days after you receive notification of the denial of your claim from the Fund. The Appeals Committee may consider a late application if it concludes the delay in filing was for reasonable cause.
2. **Review Procedure.** The Appeals Committee has been delegated the function of giving your application for appeal a full and fair review. As part of the review procedure, you or your duly authorized representative, may review pertinent documents and submit issues and comments in writing to the Appeals Committee. Upon request, you will be provided reasonable access to, and free copies of, all documents, records and other information relevant to your claim for benefits. You may submit comments, documents, records or other information that was not submitted or considered in the initial decision of your claim. You will not have the option of appearing personally before the reviewing Appeals Committee, unless the Committee concludes that your appearance would be of value in enabling it to perform its obligation.
3. **Notice Of Decision**
 - a. **Time of Notice.** A decision will be made no later than the date of the first quarterly Appeals Committee meeting that occurs at least 30 days after the receipt of your appeal. If special circumstances require an extension of time for review, the decision will be rendered no later than the third meeting of the Appeals Committee after receipt of your appeal. If an extension is required, you will be notified in writing before the extension begins of the special circumstances requiring the extension of time and the date as of which the decision will be made.

If the extension is necessary due to your failure to submit information necessary to decide the appeal, the decision on review will be made by the later of: (1) the third regular meeting after the date your appeal was filed; or (2) the first meeting of the Appeals Committee that is at least 30 days after you provide the information necessary to decide your appeal. If you do not respond to the Fund's request for additional information within a reasonable period of time, which will be at least 90 days, your appeal may be decided without any additional information, as long as you are notified, at least 60 days before the decision is made, that the Appeals Committee will decide your appeal regardless of whether you provide the additional information.

You will be notified of the Committee's decision within five (5) days after it is made.

- b. **Contents Of Notice.** If your appeal is denied, in whole or in part, you will receive a written notice of the denial of your appeal. The notice of the denial of your appeal will be sent to you and will include the specific reasons for the Committee's decision, reference to specific Plan provisions on which the decision has been based, a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim, and a statement of your right to bring a civil action under ERISA Section 502(a) following the denial of a claim on appeal.
4. **Address To Which An Application For Review Is To Be Mailed:**

Your appeal should be directed to the Appeals Committee at the following address:

**Southern California General Sales Employers UFCW Unions Pension Fund
P.O. Box 27920,
Los Angeles, California 90027**