

# **PSSU Local Unit Health and Welfare Fund**

## **APPEALS PROCEDURE**

In the event you or your eligible dependent is denied benefits by the Fund,<sup>1</sup> you have the right to appeal the decision. The following procedure must be followed for an appeal to be reviewed by the Board of Trustees:

1. The appeal must be filed within 25 calendar days of the date of the written notice of the denial to:  
Fund Administrator  
PSSU Local Unit Health and Welfare Fund  
2589 Interstate Drive  
Harrisburg, PA 17110
2. The appeal must be:
  - a. in writing to include an identifiable signature,
  - b. sent by certified mail to the Fund Administrator,
  - c. postmarked within 25 calendar days of receipt of the written denial from the Fund.
3. The appeal must specify the reasons you consider the denial to be improper, must include all pertinent documentation in support of the appeal and specify the relief requested.
4. Appeals not received timely shall be automatically denied.
5. In the case of valid timely appeals to the Fund, the Administrator shall promptly gather and review all pertinent facts and shall prepare a written report outlining said facts and recommending a course of action. This report will be mailed to each Trustee, Legal Counsel and the Consultant. The Board of Trustees shall review the report at the next regular Trustee Meeting or by phone conference at the option of the Trustees.
6. The decision of the Board of Trustees will be communicated to you in writing through the Fund Administrator.

Amended: 10/27/03

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<sup>1</sup> Please note that denial of benefits by carriers must be appealed directly to the carrier.