MoneyPlus Appeal Form

If you disagree with a denied claim or adverse decision regarding your benefit, you may file a formal appeal. Your appeal **must be submitted in writing to ASIFlex using this form**. Your completed appeal form must be received within 31 days of the denial. Keep in mind that ASIFlex and your employer are required to administer the spending account plan as described in the Plan Document and in compliance with Internal Revenue Service (IRS) regulations. Your appeal will be reviewed and considered based on the information you submit. You will be notified of the decision regarding your appeal within approximately five business days of the receipt of your completed appeal form. You can view the plan document at www.peba.sc.gov/moneyplus.html. For information regarding ASI's HIPAA Privacy Policy, go to www.asiflex.com/SCmoneyplus.

Name	
SSN or ID Number	
Email address	
Street address	
City, State, Zip	
Employer name	**S.C. PEBA – MoneyPlus**

Appeal information Identify the claim you wish to appeal.	
Description of claim	
Date of service	
Dollar amount	

Reason for appeal

Describe the reason you disagree with the original claim decision. You must also submit a copy of the plan document provision or IRS regulation that supports your appeal. If you need additional space, you may add a blank page to submit with this form.

By signing this form, I certify that I have reviewed the plan document provisions. I understand that the plan is governed by IRS regulations. I understand that exceptions cannot be made to the plan document provisions or IRS regulations.

Signature		**Date**	

Submit to: ASIFlex Appeals | P.O. Box 6044 | Columbia, MO 65205-6044 | Fax 866.879.9038