

# Washington-Idaho Operating Engineers-Employers Health & Security Trust Fund

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Administered by  
Welfare & Pension Administration Service, Inc.

## Notice of Appeal

Notice is hereby given to the Washington-Idaho Operating Engineers-Employers Health and Security Fund that the claimant, indicated below, appeals the following action of the Trustees or their representative.

Name of Claimant [please print]: \_\_\_\_\_

Name of Participant/Member, if different than Claimant: \_\_\_\_\_

WPAS ID or Participant's Social Security Number: \_\_\_\_\_

Claimant's Current Address: : \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe the decision or other action that you are appealing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any Plan provisions that you are relying upon in support of your claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

In the case of an application for Disability Retirement, this Notice of Appeal must be received by the Trust Administration Office within **180 days** after notification of the denial of the application for benefits or claim. For all other claims, this Notice of Appeal must be received by the Trust Administration Office within **180 days** after notification of the denial of the application for benefits or claim.

tkb

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