

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

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (206) 441-7574 or (800) 351-6480 • Fax (206) 505-9727

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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