

Houston Independent School District

HISD Benefits Office Administrative Appeal Information

Administrative rules relating to benefits eligibility, enrollment, and life events are explained on the HISD Benefits Office Web site for the various benefit options (<https://www.hisdbenefits.org>). This website is the best resource to use when you have questions relating to your benefits coverage. Since you purchase many of these benefits on pre-tax basis, the Internal Revenue Service requires that elections under this type of tax qualified plan be made during an annual enrollment period and must stay in affect during the entire plan year, January 1 through December 31, unless you experience a qualified life event and report that event to the HISD Benefits Service Center within 31 days of the event. If you feel that these rules have been improperly applied, you may file an Administrative Appeal Request Form with the Plan Administrator.

Below are some frequently asked questions and answers to help provide additional information on filing an appeal, and what to expect during the process.

When can I file an appeal?

You can file an appeal whenever you believe that:

- a) Benefits or plan rules are not properly applied according to your benefit elections
- b) Benefits or plan rules restrict an election or change to an election after the specified enrollment or life event change event deadline.

Who reviews and makes the appeal decision?

The Houston Independent School District Appeals Committee (Plan Administrator) will review all administrative process appeals and will make all decisions on appeals. The Committee's responsibility is to administer the plan(s) as written and in compliance with governing regulations.

When are administrative appeals reviewed?

All appeals are reviewed by the Committee when received.

What do I need to do if I choose to file an appeal?

Step 1 - Complete the Administrative Appeal Request Form outlining the details of your request, including the names and dates of birth of the affected dependent(s) and reason for the request. If you need more room than what's provided, please attach additional sheets of paper, but please ensure your name and employee ID number are listed on each page. In addition, please make sure that your contact number is provided. Additional documentation, details or other information may be important as your request is reviewed. This will allow for quicker contact.

Step 2 - Attach copies of any documentation to support your request, such as:

- Birth certificate or any court issued documents regarding a divorce, adoption, etc, as appropriate
- Enrollment materials (invitation to enroll, confirmation statement, etc.)
- Correspondence or conversations with the HISD Benefits Office or any other related department about this issue
- Confirmation Statement

Step 3 - Forward the completed Administrative Appeal Request form and supporting documentation to:

HISD Benefits Office
Attn: Appeals
Hattie Mae White Educational Support Center
4400 West 18th Street
Houston, TX 77092-8501

OR

Fax the completed Appeal form and supporting documentation to:

Fax Number: 713-556-6662
Attn: HISD Benefits Office – Appeals

OR

Email to: BenefitsOffice@houstonisd.org

How will I find out about the appeal decision?

The Committee will complete their review within 15 business days of the date your appeal and all requested information is submitted to address/fax above. Once the Committee makes a determination on your appeal, a letter will be prepared and mailed to you at your home address.

For issues relating to medical, dental, disability, life insurance or spending account **claims** for you or your covered dependents, you should first contact the carrier's Customer Service Department. The carrier's customer service representative can assist you with your claims disputes and explain how to file a separate claims appeal.

Administrative Appeal Request Form

TO: **Benefits Appeals Committee - Houston Independent School District**

IN CARE OF: **HISD Benefits Office**
Attn: Appeals
Hattie Mae White Educational Support Center
4400 West 18th Street
Houston, TX 77092-8501

OR
Fax to: 713-556-6662
Attn: HISD Benefits Office - Appeals

Please provide any documentation along with your appeal

FROM: (Employee Name) _____

Employee ID # (5 digits) _____

Employee Complete Address _____

Employee daytime contact number: _____

Total number of pages included _____

To Whom It May Concern:

I am submitting an appeal in regards to benefit eligibility and/or administrative processes relating to my benefit elections. I understand that I will receive a reply within 15 business days of the date this appeal and all requested information is received by the HISD Benefits Office.

Responses to the following questions should be as specific as possible. Please attach copies of any documentation that supports your appeal request.

Employee Name

**HISD Employee ID #
(5 digits)**

- 4) **What information or enrollment materials did you use to assist you in making your benefit elections?**
- 5) **If you printed a copy of an email confirming your elections, please attach a copy with your appeal.**
- 6) **Please state in detail why you believe your appeal should be approved. Include any relevant information such as the approximate dates/times of conversations, emails, written correspondence, with any HISD Benefits Office or the HISD Benefits Service Center Representatives, or any related personnel, and any extenuating circumstances, etc. Please list these in chronological order. (Attach another sheet if additional space is required)**

Employee Name _____

HISD Employee ID #
(5 digits) _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

WORK LOCATION: _____