# Beneficiary Standardized Appeal Form

Complete Sections I and II of this form entirely. Describe the issue(s) in as much detail as you can, and submit it to us. To ensure that we can make a decision, please add the following with this form:

- Copies of any records you want us to have (do not send the originals).
- If you have someone else submit for you, you must give your consent below.

| **Section 1 – Beneficiary Information** | |
|---|---|
| **Beneficiary Name** | **Date of Birth** (mm/dd/yyyy) |
| **Beneficiary ID Number** | **Phone Number** |
| **Beneficiary Address** | |
| **Date of Request** (mm/dd/yyyy) | **Request Type**<br>☐ Grievance/Complaint ☐ Appeal |

| **Section II – Description of the Issue** |
|---|
| Please describe the issue. Give as much detail as you can. Include information like names, date, and places. You can add extra pages, if needed. |

By signing below, you agree that the information provided is true and correct. If someone else is completing this form for you, you are giving written consent for the person to submit on your behalf.

| **Beneficiary Signature** | **Date** (mm/dd/yyyy) |
|---|---|
| **Authorized Representative Name** (if applicable) | **Authorized Representative Signature** (if applicable) |