



AlaskaCare Retiree Health Plan Notice of OAH Appeal

FOR OFFICE USE ONLY



Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

1. I hereby appeal the AlaskaCare Retiree Health Plan Administrator’s final decision and am requesting my appeal be forwarded to the Office of Administrative Hearings (OAH) for review. I am filing this appeal within 30 days of the date the Plan Administrator’s decision was issued, as required.
2. The following must be submitted with this Notice of OAH Appeal form:
 - a. Copy of the AlaskaCare Retiree Health Plan Administrator’s final decision letter;
 - b. Completed and signed Authorization for the Use and/or Disclosure of Protected Health Information (PHI) form;
 - c. A detailed explanation supporting your appeal including why you believe the OAH should overturn the Plan Administrator’s final decision. (Attach additional pages if necessary.)

Member’s Signature		Date
Member’s Printed Full Name		Member’s AlaskaCare ID Number
Patient’s Full Name		Date(s) of Service
Mailing Address		
City	State	ZIP+4
Daytime Telephone Number (including area code)		

This appeal must be sent or delivered to:

State of Alaska
Division of Retirement and Benefits
Attn: Health Appeal
P.O. Box 110203
Juneau, AK 99811-0203