CENTRAL STATES PENSION FUND

PENSION BENEFIT APPEAL FORM: STEP 1
BENEFIT CLAIMS APPEALS COMMITTEE

PARTICIPANT'S NAME:	SSN:									
CLAIMANT'S NAME:	SSN:									
ADDRESS:										
CITY:	STATE:	ZIP CODE:								
TELEPHONE:	EMAIL:									

Whenever the Pension Fund denies a claim for benefits, in whole or in part, the claimant has the right, under the Pension Plan, to appeal the denial. The Pension Plan provides a two-step appellate review: the first step is a review by the Benefits Claim Appeals Committee, and the second step is a review by the Trustee Appellate Review Committee. If your second and final appeal is denied, you will have the right to bring a civil action pursuant to Section 502 of the Employee Retirement Income Security Act for recovery of benefits and enforcement of rights to which you claim to be entitled under the terms of the Pension Plan, and/or to clarify your rights to future benefits under the terms of the Pension Plan. To exercise your right to appeal a benefit denial (or other adverse benefit determination by the Pension Fund) to the Benefits Claim Appeals Committee, you must complete and return this form to the address below within 180 days after you have been notified by the Fund of such denial or adverse benefit determination.

Please explain, in detail, why you believe that the Fund's denial of your claim, in whole or in part, is incorrect. Attach additional pages, if needed. You are also entitled to submit written comments, documents, records, and other information relating to your claim.

You are entitled to receive, upon request and free of charge, reasonable access to and copies of, all documents, records, and other information relevant to your claim for benefits.

U.S. Department of Labor regulations require the Benefits Claim Appeals Committee to determine your appeal, and notify you of the result, within 30 days after the Fund receives your request for appeal, unless an extension of this time period is authorized. If your appeal is straightforward, if all necessary research has been done, and if all relevant information is already in file, this 30 day deadline is adequate. However, in many cases it takes longer than 30 days to complete the necessary research and compile all relevant information needed to fully evaluate an appeal. While it is your right to require the Fund to notify you of its decision within 30 days, a more fully informed decision may result if the Fund is allowed the additional time to fully research and evaluate your appeal. We need you to instruct us how to proceed. **Please check one of the boxes and sign below:**

- ☐ I request a decision on my appeal **within the 30 day** time limit. I understand that this decision will be based on the information currently in file.
- ☐ I authorize the Fund to **exceed the 30 day time limit** to complete any research necessary for the Benefits Claim Appeals Committee to make a more fully informed determination. By checking this box, I am not giving up my right to receive a decision within a reasonable period of time. At any time, I may request the Benefits Claim Appeals Committee to make a decision on my appeal within the next 30 days by mailing my signed written request to the address below.

SIGNATURE:	DATE:

Submit completed form to Central States as noted below:

Upload: MyCentralStatesPension.org | **Mail:** PO Box 5109, Des Plaines IL 60017-5109 | **Fax:** 847-518-9752 | **Questions:** 800-323-5000

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