



**CENTRAL STATES  
PENSION FUND**  
SINCE 1955

**PENSION BENEFIT APPEAL FORM: STEP 2  
TRUSTEE APPELLATE REVIEW COMMITTEE**

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

To exercise your right to appeal a benefit denial (or other adverse benefit determination) to the Trustees, you must complete and return this form to the address below within 180 days after you have been notified by the Benefits Claim Appeals Committee or Staff of its decision. If your appeal is denied by the Trustees, 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.

Please explain, in detail, why you believe that the Benefits Claim Appeals Committee's or Staff'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 Trustees to determine your appeal within an expedited time period after the Fund receives your appeal to the Trustees unless an extension of time is authorized. Under the Pension Plan, you may request to make a personal presentation of your claim to the Trustees (either by yourself or with your personal representative). If you request to make a personal presentation, scheduling may require a delay beyond the expedited time period. We need to know whether you are requesting to make a personal presentation to the Trustees. **Please check one of the boxes and sign below:**

- I do not request to make a personal presentation of my appeal to the Trustees.
- I request to make a personal presentation of my appeal to the Trustees (either by myself or with my personal representative). To accommodate my request, I hereby authorize the Fund, if necessary, to exceed the expedited time period for a decision on my appeal. By checking this box, I am not giving up my right to receive a decision within a reasonable period of time. Any claimant requesting to make a personal presentation of an appeal must submit a short-written statement explaining why a personal presentation would be of assistance in augmenting the record or in otherwise appropriately resolving the appeal.

SIGNATURE:	DATE:
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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