**GIC HCSA/DCAP APPEAL FORM**

If you disagree with a denied claim or adverse decision regarding your HCSA or DCAP benefit (e.g. claim for reimbursement denial, eligibility for pre-tax benefits or election change), and you feel this denial was made in error you may file a formal appeal. Use this form to explain the situation and why you believe the claim should be paid. You will also need to submit all appropriate documentation with the completed appeal form including a copy of the FSA claim denial notice. All appeals must be submitted to ASIFlex within 180 calendar days by mail or fax. *Keep in mind that ASIFlex is required to administer the plan as described in the Plan Document, the GIC’s Participant Handbook, and in compliance with Internal Revenue Service (IRS) regulations.* Your appeal will be reviewed and considered based on the information you provide. You will be notified of the appeal decision within approximately 7 business days of the receipt of your completed appeal form.

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| **Print Your Name** |  |
| **SS or ID Number** |  |
| **Your Email Address** |  |
| **Street Address** |  |
| **City, State, Zip** |  |
| **Your Employer Name** | Commonwealth of Massachusetts - Group Insurance Commission HCSA/DCAP Plan |

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| **Appeal Information****Identify the claim you wish to appeal.** |
| **Description of Claim** |  |
| **Date of Service** |  |
| **Dollar Amount** |  |
| **Reason for Appeal****After reviewing the GIC’s plan and IRS regulations, describe below the reason you disagree with the original claim decision. If you need additional space, you may add a blank page to submit with this form.**  |
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| **Signature** |  | **Date** |  |

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) group health plans such as the Health Care Spending Account (HCSA) and the third party service providers are required to take steps to ensure that certain “protected health information” is kept confidential. To view the GIC’s HIPAA Notice of Privacy Practices visit www.mass.gov/gic/hipaa.