

Which type of plan is this request for?

- Health Plan (such as medical, dental, vision, etc.)
- Retirement/Pension (such as 401(k) plan, defined benefit plan, profit sharing plan, etc.)
- Other Benefit Plan (such as long term/short term disability, severance, life insurance, etc.)

Other Information and Comments

Please provide more detailed information about why you are requesting assistance, such as:

- efforts you have made to contact the plan administrator or employer to resolve the problem.
- how you believe your issue should be resolved and why
- (if related to pension benefit claims) the employee's date of birth and dates of employment
- (if related to health claims) date(s) of service, amount(s) of the claim(s)

4000 Characters Remaining