

# 2017 Healthy Incentives<sup>SM</sup>

## Appeal Request Form



**King County**

Benefits, Payroll and  
Retirement Operations

To contest your Healthy Incentives color level, you must first file an appeal with StayWell at 1-855-428-6321. If your appeal was denied by StayWell, you can submit supporting documentation and this form to: King County Benefits, Payroll and Retirement Operations, Chinook Building CNK-ES-0240, 401 Fifth Avenue, Seattle, WA 98104. **Deadline: Sept. 29.**

PeopleSoft employee ID **0000** \_\_\_\_\_ Healthy Incentives ID \_\_\_\_\_

Employee \_\_\_\_\_ Birth date \_\_\_\_\_

Mailing address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work phone \_\_\_\_\_ Home/cell phone \_\_\_\_\_

Name of person appeal is for and their relationship to employee (self/spouse/domestic partner):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Date appeal was submitted to StayWell \_\_\_\_\_

Reason for denial by StayWell (*attach additional information, as necessary*)

\_\_\_\_\_  
\_\_\_\_\_

Reason for appeal to Benefits, Payroll and Retirement Operations (*attach additional information, as necessary*)

\_\_\_\_\_  
\_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Reason for approval/denial \_\_\_\_\_

Appeal approved/denied by (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Appeal override entered into PeopleSoft by (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

	Date received	Received by	Appeal approved Yes <input type="checkbox"/> No <input type="checkbox"/>	PeopleSoft ID	Date effective
	Letter sent	Recorded	Position		Union