

AmericanAirlines®

APPLICATION FOR FIRST LEVEL APPEAL: DISABILITY; PTD FOR LIFE INSURANCE

THIS APPLICATION FOR FIRST LEVEL APPEAL (THE CLAIM PROCESSOR MAY REFER TO THIS AS A “SECOND REVIEW”) SHOULD BE USED TO APPEAL ADVERSE BENEFIT DETERMINATIONS INVOLVING DISABILITY BENEFITS (BENEFIT DENIAL, BENEFIT DISCONTINUANCE, PLAN EXCLUSIONS, PREEXISTING CONDITION EXCLUSION, ETC.) (SHORT TERM, OPTIONAL SHORT TERM, LONG TERM) OR DETERMINATION OF PERMANENT AND TOTAL DISABILITY (PTD) FOR LIFE INSURANCE

In order for the Claim Processor to carefully review the facts and give every consideration to your issue, you must include all of the information requested below. Failure to provide all pertinent documentation may affect the outcome of this review. It is essential that you keep copies of all documentation you submit in support of your First Level Appeal, as this documentation will be required if you choose to file a Second Level Appeal with Employee Benefit Committee (EBC) at American Airlines, Inc. The information you submit is provided at your own expense. The records submitted will be retained by the Claim Processor. You must file this First Level Appeal within 180 days of the date you receive notice of the adverse benefit determination from the Claim Processor; otherwise, your right to both levels of appeal is waived.

Your appeal must include the following:

- Completed APPLICATION FOR FIRST LEVEL APPEAL (employee must complete and sign this Application)
 - Explain, in detail, why you believe your issue in question should be approved by the Claim Processor
 - Include all information and documents that you believe support your appeal
 - Attach any Explanation of Benefits Statements (EOBs) and correspondence you received from the Claim Processor, with respect to this disability
 - If your disability was due to a work-related injury, please provide all details and documentation, including Workers’ Compensation documents and correspondence
 - Include a copy of your completed disability claim
 - Include a copy of your Social Security Disability Award notice (if applicable).
 - Include physician clinical records and/or reports from all physicians that have *ever* treated you for this condition or any condition related to your disability.
 - Include copies of hospital records (if applicable) for all admissions (current & prior) for this or *any other condition* related to your disability.
 - Include copies of all therapy progress reports for all therapies you’ve received, such as physical, occupational, speech, chiropractic, acupuncture, etc., if related to your disability.
 - Include a list of any medications you currently take (or have taken) and their dosages, that relate to your disability.
 - Send copies of documentation to substantiate any limitations/restrictions that affect your ability to return to work
 - If your appeal involves denial of “permanent and total disability” status for life insurance, please submit copies of all correspondence you received from MetLife, and copies of the clinical records from your physicians
 - If you experienced any extenuating circumstances that you believe have a bearing on your appeal, include complete and specific details of such circumstances, and provide documentation to support the existence of such circumstances, and how they affected your case
 - Other _____
- **IF YOUR APPEAL INVOLVES A BENEFIT DENIAL BECAUSE OF A LATE CLAIM FILING ISSUE, PLEASE NOTE THAT ONLY THE FOLLOWING INFORMATION IS REQUIRED:**
- 1) Completed Application for First Level Appeal (employee must complete and sign this Application)
 - 2) A copy of the disability claim you submitted to the Claim Processor
 - 3) Full explanation of why you were unable to file your disability claim in a timely manner (within the plans’ prescribed time limits for claim filing)
 - 4) A copy of any/all correspondence received from the Claim Processor, including a copy of its claim denial, and
 - 5) If you experienced any extenuating circumstances that you believe have a bearing on your appeal, include complete and specific details of such circumstances, and provide documentation to support the existence of such circumstances, and how they affected your case

