



Statement Date: **Benefits Service Center**
my.aa.com

CM0043T529020101

American Airlines

First Level Appeal Initiation Form

To make an official first level appeal under American Airlines "appeal procedures," as defined under Section 503 of ERISA (Employee Retirement Income Security Act), you must complete and return all pages of this form, including copies of any documentation you feel support your claim.

Acknowledgment and Signature

By signing below and returning this form, you are formally filing an appeal under the plan. Additionally:

- You confirm you have reviewed and understand the information contained in this form, the Summary Plan Description for the plan and any other plan-related information previously provided to you.
- You confirm you understand that any rights under such plan are governed by the appeals procedures of the plan.

By signing this form, I attest to the validity of all information I have provided, and authorize the release to **Claims and Appeals Management** of all clinical records and/or information pertinent to my appeal.

Employee Signature Date

Dependent Signature, if not a minor Date

This application for the first level appeal should be used to appeal adverse benefit determinations involving issues with eligibility, enrollment, benefit changes secondary to life events, benefit contributions (including payment of contributions while on leaves of absence), benefit changes outside the annual enrollment period, elections involving flexible spending, etc. Keep a copy of this form for your records.

Then, mail or fax all pages of this original form (not a copy) along with any documentation to:

Fax:
1-847-554-1891

Mail:
Claims and Appeals Management
American Airlines
P.O. Box 7105
Rantoul, IL 61866-7105

When faxing your information, do **not** include a cover sheet. Only fax this form, followed by any documentation.

Foreign Language Assistance

Help is available in Chinese if you live in San Francisco County, CA. Please call 1-888-860-6178. 1-888-860-6178.

Help is available in Tagalog if you live in Aleutians West Census Area and Aleutians East Borough Counties in AK. Please call 1-888-860-6178.

Mayroong makukuhang tulong sa Tagalog kung ikaw ay nakatira sa Aleutians West Census Area at sa Aleutians

East Borough Counties sa AK. Pakitawagan 1-888-860-6178.

Help is available in Navajo if you live in Apache County, AZ, McKinley County, NM, or San Juan County, UT. Please call 1-888-860-6178.

Tah dine'keh ji' yahti gho shi'ka a'dol wol niin ziin gho' Dziil ghaa ii beh woo'ji ha'ghii (Apache County), Hoozdoh ji doo , Yooto' altsi'gho ha'da'haaszoo', ghii, (McKinley County, NM, or San Juan County, Ut), ee 'dii koh'ji' Ho'diil ni 1-888-860-6178.

Help is available in Spanish. Please call 1-888-860-6178.

Se ofrece ayuda en español. Por favor, llame al 1-888-860-6178.

Appeal Checklist

Before you send your completed form make sure:

- You signed and dated the form in the Acknowledgment and Signature section on the first page.
- You completed both sections of the Appeal Information section below.
- You responded to the three items in the Benefit or Coverage Requested section below.
- You provided **all** information about your appeal in the Benefit or Coverage Requested section below.
- You have any documentation supporting your appeal ready to be sent with this form.

If all of this information is not provided, your appeal will be denied and you'll need to submit your request again.

Appeal Information

This appeal is for:

Employee

Name: _____

Last Name First Name Middle Initial

Employee

Number: _____

Address: _____

Street or P.O.Box

City State Zip Code

Dependent

Name: _____

Appeal Procedure

The Summary Plan Description for the Plan which you're filing this appeal describes the appeals procedures.

Normally, Claims and Appeals Management will process your appeal within a reasonable period of time after receiving this form.

If Claims and Appeals Management needs additional time to process your first level appeal, you will receive a written notice of the need for a longer processing period, the reasons for the longer period, and a date on which you can expect your first level appeal to be processed. You'll receive written notice of a longer processing period within the original time period Claims and Appeals Management had to process the first level appeal under ERISA.

Claims and Appeals Management will send you a written notice of its determination of your appeal. You'll receive this written notice within the time period allowed under ERISA.

If Claims and Appeals Management denies your first level appeal, the written notice will provide you with the information required by ERISA. If you disagree with the First Level Appeal determination, you may appeal the decision by filing a Second Level Appeal with American Airlines, Inc.

HOWEVER, YOU MUST REQUEST A FIRST LEVEL APPEAL AND RECEIVE THE DETERMINATION BEFORE YOU MAY PROGRESS TO THE SECOND LEVEL APPEAL WITH AMERICAN AIRLINES. If you wish to appeal to American Airlines, you must submit your request in writing and mail it, with a copy of the First Level Appeal determination letter, and all supporting documentation, to American Airlines. Your Second Level Appeal must be completed and filed within 180 days of the date you receive the decision on the First Level Appeal or your right to further appeal is waived.

For More Information

Online

Benefits Service Center
at my.aa.com

Phone

between 9 a.m. and 6 p.m., Central time, Monday through Friday
1-888-860-6178

Fax

1-847-554-1884
Cover letter not necessary

Mail

American Airlines Benefits Service Center
PO Box 64040
THE WOODLANDS, TX 77387-4040
00749-A000001