AMERICAN AIRLINES
PILOT LONG TERM DISABILITY (Pilot LTD, PLTD)
FIRST LEVEL APPEAL APPLICATION

THIS APPLICTION FOR APPEAL SHOULD BE USED TO APPEAL ADVERSE BENEFIT DETERMINATIONS INVOLVING DISABILITY BENEFITS UNDER THE AMERICAN AIRLINES, INC. PILOT RETIREMENT BENEFIT PROGRAM (RBP), THE AMERICAN AIRLINES, INC. PILOT LONG TERM DISABILITY PLAN (FEBRUARY 1, 2004), OR THE AMERICAN AIRLINES, INC. 2012 PILOT LONG TERM DISABILITY PLAN (e.g., DENIAL OF DISABILITY BENEFITS, DISCONTINUATION OF DISABILITY BENEFITS, DENIAL ON THE BASIS OF PLAN EXCLUSIONS/LIMITATIONS, DENIAL ON THE BASIS OF EFFECTIVE DATE, etc.)

In order for the AA Pilot LTD Claim Administrator (Harvey Watt & Company) to carefully review the facts and give every consideration to your issue at appeal you must, include all the information requested below. Failure to provide all pertinent documentation may affect the outcome of your appeal. The information you submit is provided at your own expense. The records you submit will be retained by the Claim Administrator. You must file this appeal within 180 days of the date you receive notice of the adverse benefit determination from the Pilot LTD Claim Administrator (Harvey Watt & Company); otherwise, your right to appeal is waived.

Your appeal must include the following:

- Completed APPEAL APPLICATION FOR PILOT LONG TERM DISABILITY. Employee ***MUST*** complete and sign this form.
- If your disability was due to a work-related injury, please provide all details and documentation of injury and treatment, including all Workers' Compensation information.
- Include a copy of your disability claim filed with Harvey Watt & Company.
- Attach a copy of the letter you received from Harvey Watt & Company indicating that they have conducted a review of your claim (this should be included or your appeal may be returned to you). Also include any additional correspondence you may have received from Harvey Watt & Company, and/or from Flight Administration regarding your disability claim.
- Include a copy of your Social Security Disability Award notice.
- Include physician(s) clinical records and/or reports, for all medical physicians that have *ever* treated you for this condition *or any condition* related to your disability.
- Include hospital records (if applicable) for ***all*** admissions (current and 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, psychiatric/psychological, chiropractic, acupuncture, or any other therapies related to your disability.
- Include a list of any medications you currently take or have taken, including dosages and physician's instructions for taking each medication (as they relate to your claimed disability).
- Send copies of documentation to substantiate the limitations/restrictions which affect your ability to return to work.
- 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: _____

Your failure to provide all pertinent documents may affect the outcome of your appeal review.

- **If your appeal represents a LATE CLAIM FILING ISSUE, PLEASE NOTE THAT ONLY THE FOLLOWING INFORMATION IS REQUIRED:**
    1) A detailed explanation for delayed claim filing;
    2) A copy of the disability claim;
    3) A copy of any/all correspondence received from Flight Administration, and/or Harvey Watt & Company, including a copy of the claim denial, and
    4) The completed and signed Application for Appeal form.

The PLTD Claim Administrator will provide you with a written response to your appeal within 45-90 days of its receipt of this completed Application and supporting documents.

THIS WILL BE YOUR FIRST LEVEL APPEAL REVIEW. PLEASE INCLUDE ALL FACTS AND CIRCUMSTANCES THAT YOU WANT THE PLTD CLAIM ADMINISTRATOR TO CONSIDER WHEN YOUR APPEAL MATERIALS ARE REVIEWED. ADDITIONAL OR NEW INFORMATION WILL **NOT** BE CONSIDERED BY THE PLTD CLAIM ADMINISTRATOR AFTER A DECISION IS RENDERED. THEREFORE, IT IS IMPERATIVE THAT YOU INCLUDE ANY AND ALL PERTINENT INFORMATION WHEN YOUR APPEAL IS SUBMITTED.

EMPLOYEE'S APPEAL:

The benefit(s) which has been denied and to which I believe I am entitled are as follows (describe the type of benefit, the date(s) of service and the amount of benefit(s), being as specific as you can):

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TOTAL AMOUNT(S) YOU ARE APPEALING (IF KNOWN):
$_____

In signing this form, I also authorize the release of all medical records and information pertinent to this appeal to American Airlines, Inc., Plan Administrator of the American Airlines, Inc. Pilot Retirement Benefit Program, the American Airlines, Inc. Pilot Long Term Disability Plan (February 1, 2004), and/or the American Airlines, Inc. 2012 Pilot Long Term Disability Plan, to American Airlines, to Harvey Watt & Company, and to the Claim Administrator and its agents, including any health care professionals selected to assist with the appeal review.

PLEASE PRINT, SIGN, AND DATE THE FOLLOWING:

EE Name:	**Benefit ID #:**
EE #:	**EE Signature:**
SS #:	**Representative Signature:**
Address:	**Date:**
Address:	**EE Home Phone:**
City:	**EE Work Phone:**
State:	**EE Cell Phone:**
ZIP:	**EE Email:**

MAIL (or use express delivery) THIS COMPLETED FORM AND ALL SUPPORTING MATERIALS TO:

AA PLTD Claim Administrator - Appeals	**AA PLTD Claim Administrator - Appeals**
PO Box 20787	**475 N. Central Avenue**
Atlanta, GA 30320	**Atlanta, GA 30320**
Fax: (404) 761-8326	**Fax: (404) 761- 8326**
Phone: (800) 241-6103	**Phone: (800) 241-6103**