

AMERICAN AIRLINES, INC.
EMPLOYEE BENEFITS COMMITTEE
SECOND LEVEL APPEAL APPLICATION
PILOT LONG TERM DISABILITY

In order to carefully review the facts and give every consideration to your claim, please include all the information requested on this Application Appeal form that is applicable to your situation. FAILURE TO PROVIDE ALL PERTINENT DOCUMENTS MAY AFFECT THE OUTCOME OF THIS APPEAL. THIS INFORMATION IS TO BE PROVIDED AT YOUR OWN EXPENSE, AND IT IS ESSENTIAL THAT YOU KEEP COPIES FOR YOUR OWN RECORDS.

- Please complete, sign and send this second level appeal form to the address provided below.
- If your disability was due to a work-related injury, please provide details including Workers' Compensation information.
- Include a copy of your disability application.
- **Send a copy of the FIRST LEVEL APPEAL letter you received from Harvey Watt & Company indicating that they have conducted a review of your claim (this should be included or your SECOND LEVEL APPEAL will be returned to you).** Also include any additional correspondence you may have received from Harvey Watt & Company, and/or Flight Administration regarding your disability claim.
- Include physician(s) office records and narrative summaries, and/or operative reports (if applicable), for all medical providers that have ever treated you for this condition *or any related condition* prompting your disability.
- Include hospital records (if applicable) for all admissions (current and prior) for this or any related condition prompting your disability.
- Include Therapy Progress Reports for all therapies such as Physical, Occupational, Psychological, Speech, Chiropractic, Acupuncture, Aftercare, etc., if applicable to your disability.
- Send documentation to substantiate the limitations/restrictions which affect your ability to return to work.
- **If your appeal addresses 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 Harvey Watt & Company, and/or Flight Administration, including a copy of the claim denial; and
 - 4) The completed Application for Appeal form.

THIS WILL BE YOUR **FINAL** ADMINISTRATIVE REVIEW; THEREFORE, INCLUDE ALL FACTS AND CIRCUMSTANCES THAT YOU WANT THE COMMITTEE TO CONSIDER WHEN YOUR APPEAL IS REVIEWED. AFTER THE EMPLOYEE BENEFITS COMMITTEE RENDERS A DECISION ON YOUR APPEAL, ADDITIONAL OR NEW INFORMATION WILL **NOT** BE CONSIDERED. THEREFORE, IT IS IMPERATIVE THAT YOU INCLUDE ANY AND ALL PERTINENT INFORMATION WHEN YOUR APPEAL IS SUBMITTED.

- (1) The benefit(s) which has 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):

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

- (2) The reason(s) I believe I am entitled to the benefit(s) previously denied are as follows. (If possible, please refer to the specific provision(s) from your Pilot Long Term Disability coverage that you feel entitles you to the benefit(s) that you are claiming):

(Please attach additional pages if needed)

(3) Other comments or special instructions:

In signing this form, I also authorize the release of all medical records and information pertinent to this appeal to American Airlines, Inc., Administrator of the Pilot Retirement Benefit Plan, the Pilot Long Term Disability Plan (2004) and the 2012 Pilot Long Term Disability Plan, Harvey Watt & Company, and the EMPLOYEE BENEFITS COMMITTEE and its agents, including any health care professional selected by the Employee Benefits Committee to assist with the appeal review.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

EMPLOYEE NAME: _____ AA EMPLOYEE #: _____

SOCIAL SECURITY #: _____ US BADGE #: _____

TELEPHONE #: _____ EMPLOYEE SIGNATURE: _____

HOME: _____ DATE: _____

CELL: _____ EMAIL: _____

MAILING ADDRESS: _____

MAIL COMPLETED FORM TO:
 Employee Benefits Committee
 American Airlines, Inc.
 P.O. Box 619616
 MD 8A201
 DFW Airport, TX 75261-9616

or Federal Express Address:
 Employee Benefits Committee
 American Airlines, Inc.
 1 Skyview Drive
 MD #8A201
 Ft. Worth, TX 76155