

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

THIS APPLICATION 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), THE AMERICAN AIRLINES, INC. 2012 PILOT LONG TERM DISABILITY PLAN, OR THE AMERICAN AIRLINES, INC. 2023 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,

MULTI-LANGUAGE INTERPRETER SERVICES

ENGLISH: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-241-6103. Request language assistance.

Español (Spanish): Atención: Si usted no habla inglés, servicios de asistencia de idioma, de forma gratuita, están a su disposición. Llamar al 1-800-241-6103. Solicitar ayuda con el idioma.

中文: 注意 (Chinese): 如果您不说英语, 免费提供语言协助服务。拨打1-800-241-6103。请求语言帮助。

Tiếng Việt (Vietnamese): Chú ý: nếu bạn không nói tiếng Anh, Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi 1-800-241-6103. Yêu cầu trợ giúp ngôn ngữ.

한국어: 주의 (Korean): 영어를 구사 하지 못하는 언어 지원 서비스, 무료로, 당신에게 사용할 수 있습니다. 1-800-241-6103를 호출 합니다. 언어 지원을 요청 합니다.

Filipino (Filipino): Pansin: kung hindi ka nagsasalita ng Ingles, ang wika sa serbisyo ng tulong, walang bayad, ay nariyan para sa inyo. Tumawag sa 1-800-241-6103. Hilingin ang tulong ng wika.

Русский (Russian): Внимание: Если вы не говорите Английский язык, язык помощи услуг, бесплатно, доступны для вас. Звоните 1-800-241-6103. Запрос помощи языка.

Français (French): ATTENTION : Si vous ne parlez pas l'anglais, langue assistance, des services gratuits, sont à votre disposition. Composez le 1-800-241-6103. Demander l'assistance de la langue.

臺灣: 注意 (Chinese-Taiwan): 如果您不說英語, 免費提供語言協助服務。撥打1-800-241-6103。請求語言說明。

Deutsch (German): Achtung: Wenn Sie kein Englisch sprechen, Sprache-Assistance-Leistungen, unentgeltlich, stehen Ihnen zur Verfügung. Rufen Sie 1-800-241-6103. Sprachliche Unterstützung anfordern.

Polski (Polish): Uwaga: Jeśli nie mówisz po angielsku, język pomocy usług, za darmo, są dostępne dla Ciebie. Wywołanie 1-800-241-6103. Poprosić o pomoc języka.

Português (Portuguese-Brazil): Atenção: se você não fala inglês, serviços de assistência da linguagem, gratuitamente, estão disponíveis para você. Ligue para 1-800-241-6103. Pedido de assistência da linguagem.

Italiano (Italian): Attenzione: se non parli inglese, servizi di assistenza di lingua, gratuitamente, sono a vostra disposizione. Chiamare 1-800-241-6103. Richiedere assistenza in lingua.

日本語: 注意 (Japanese): 言語アシスタンス サービス、無料で、あなたに利用可能な場合は英語を話すことはありません。1-800-241-6103 を呼び出します。言語アシスタンスを要求します。

العربية (Arabic): نبيه: إذا لفت ال يتكلمون اللفظية، خدمات طلب المساعدة اللغوية، مجازاً، تونر لك. استدعاء 6103-241-800-1 المساعدة اللغوية.

Dine (Navajo): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-241-6103.

Afrikaans: Aandag: as jy nie Engels praat, taal bystand dienste, gratis, is tot jou beskikking. Bel 1-800-241-6103. Versoek taal bystand.

தமிழ் (Tamil-India): கவனம்: நீங்கள் ஆங்கிலம் பேசுபேடிழைத்து பழி உதவி பவேவககள், இவவே க உங்களுக்கு கிவகைக்காம். 1-800-241-6103 அவைப்பா. பழி உதவி பகிரலம்.