Benefits Appeals **Request Form**

Employee Name: _____ Employee ID: _____

Please fill out the below questions. Attach this form along with any required documentation to your appeal within MyADP.

All documentation requirements are outlined in the Dependent Eligibility Matrix and the Qualifying Life Event Matrix, available at https://carlislebenefits.com/Documents. Please review both for details on completing a Qualifying Life Event and adding dependents.

1. What year are you appealing benefits for? 2025

2. What Life Event are you appealing? Marriage

3. What are you requesting your benefits be changed to? (Select all that apply)

Medical No Change Dependent Name(s): No Change

Dental No Change Dependent Name(s): No Change

Vision No Change Dependent Name(s): No Change

Life Insurance

Voluntary Employee Life and AD&D No Change

Voluntary Spouse Life and AD&D No Change

Dependent Name(s): No Change

Voluntary Child Life and AD&D No Change

Dependent Name(s): No Change

Spending Account Plan No Change

Health Care FSA Amount

Dependent Care FSA Amount

4. Why were you unable to submit your Qualifying Life Event within the required 31-day window?

Submission of an appeal does not guarantee approval. If approved and the benefit's effective date is in the past, retroactive premiums will be deducted in no more than double increments, along with your normal premium, each paycheck until the past due amount is settled. Any refund due will be reflected on your paycheck within 1 to 2 cycles after the ADP system is updated.

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