



# SYRACUSE CITY SCHOOL DISTRICT

Pamela J. Odom, Superintendent of Schools

Office of Human Resources

Timothy Manning, Chief Human Resources Officer

## SECOND STEP BENEFIT APPEAL FORM

### INSTRUCTIONS:

This form is to be used **ONLY** if you have previously submitted an appeal and have received a denial and wish to appeal the decision to the Syracuse City School District.

1. All appeals must be received within 60 days from the date you received your First Step decision or denial.
2. Please complete and sign the Appeal Form below.
3. Make a copy of all appeal documentation, including previously submitted physician statement(s), for your records prior to sending the appeal to the appropriate address.

Send all second step appeals to:

**Syracuse City School District  
 Office of Human Resources  
 Attn: Benefit Appeals  
 725 Harrison St  
 Syracuse, NY 13210**

Type of Claim (select one):                      Health                      Dental                      Prescription

Employee Name	
Emp ID/Member ID	
Patient Name	
Doctor/Provider Name	
Date(s) of Service	
Claim Number	

Is additional documentation attached? (select one)                      Yes                      No

Reason For Your Appeal (please attach separate sheet, if necessary):

\_\_\_\_\_  
 Print/Type Name

\_\_\_\_\_  
 Signature of Patient/Authorized Person

\_\_\_\_\_  
 If not patient, state relationship to patient.

\_\_\_\_\_  
 Date