



APPEAL REQUEST FORM AND INSTRUCTIONS

Members who wish to file a formal appeal related to termination of COBRA Eligibility or Enrollment must complete the Surency COBRA Appeal Request Form. This form should only be used to submit an appeal.

The Appeal Request Form must be received by Surency COBRA within 180 days from the date you receive notice that your COBRA coverage has been terminated or has not commenced.

After receiving this Appeal Request, Surency COBRA will either send you a written decision regarding your appeal or, if necessary, request additional information regarding your appeal within 30 days of receipt. However, when special circumstances arise, Surency COBRA may require additional time to reach a final decision.

Please note that your appeal will be reviewed by someone who was not involved in the initial termination decision.

➤ To submit an appeal, complete the form in its entirety and attach all documents, records and any other information related to the appeal.

➤ Return completed form and all documentation to:

Fax Number:	316-272-4842
Email:	cobra@surency.com
Mailing Address:	Surency COBRA ATTN: APPEALS PO Box 789706 Wichita, KS 67278-9706

866-818-8805 • Surency.com

Member Information

Member Name (Please Print)

Date of Birth (mm/dd/yyyy)

Company

Member ID or SS #

Address

City

State

ZIP Code

Email Address*

***Email Address is required. Surency will send your appeal response to this email address.**

Appeal Information

COBRA Termination Date

COBRA Termination/Ineligibility Reason

Please attach supporting documentation and list what is attached.

If applicable, please list the name(s) of dependent(s) associated with appeal:

Please provide the reason for your appeal and attach additional information if necessary.

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Member Signature

Date

**Return completed form back to Surency at email: cobra@surency.com - fax: 316-272-4842
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