



MoneyPlus Appeal Form



If you disagree with a denied claim or adverse decision regarding your benefit, you may file a formal appeal. Your appeal **must be submitted in writing to ASIFlex using this form**. Your completed appeal form must be received within 31 days of the denial. Keep in mind that ASIFlex and PEBA are required to administer the spending account plans available through MoneyPlus as described in the plan document and in compliance with IRS regulations. You will be notified of the decision regarding your appeal within 30 days of the receipt of your completed appeal form. You can view the plan document at www.peba.sc.gov/assets/flexiblebenefitsplan.pdf. For information about ASI's HIPAA Privacy Policy, go to www.asiflex.com/SCMoneyPlus.

Name			
SSN or BIN			
Email address			
Street address			
City, State, Zip			
Employer name	S.C. PEBA – MoneyPlus		
Appeal information Identify the claim or adverse decision you wish to appeal.			
Description of claim or adverse decision			
Date of service			
Dollar amount			
Reason for appeal Describe the reason you disagree with the original claim decision. You may also submit a copy of the plan document provision or IRS regulation that supports your appeal. If you need additional space, you may use a blank page and submit with this form.			
By signing this form, I certify that I have reviewed the plan document provisions. I understand that the plan is governed by IRS regulations. I understand that exceptions cannot be made to the plan document provisions or IRS regulations.			
Signature			Date