



Request for Review

To be completed by a benefits administrator. Use black ink if completing by hand.

Mail completed form to: S.C. PEBA | Attn: Insurance Enrollment | 202 Arbor Lake Drive | Columbia, SC 29223

Faxes are only accepted for medical emergencies. Call PEBA at 888.260.9430 before faxing the form.

General information		
1. Person making request	2. Group number	
3. Subscriber's name	4. Subscriber's BIN or SSN	
Change reason		
<input type="checkbox"/> BA clerical error or delay* <input type="checkbox"/> Subscriber request <i>No retroactive approval will be made unless a clerical error occurred</i> <i>See attached letter of justification/explanations</i>		
Change requested	Requested effective date: _____	
If BA error, explain in detail:		
Certification		
<p>*Clerical errors made on the records of the plan administrator, third-party claims processor or utilization review agency, and delays in making entries on such records, shall not invalidate coverage that otherwise would be validly in force or cause coverage to be in force or to continue in force which would otherwise be terminated. Upon discovery of any such error or delay, an equitable adjustment will be made not to exceed 12 months contribution by the employee. Terminations are processed no more than 31 days retroactively. Employers are responsible for any premium liability more than 31 days retroactive to the date of termination.</p> <p>If this request is denied, the benefits administrator must notify the subscriber by copy of this form of his right to ask for a review by writing to PEBA within 90 days of notice of this decision.</p>		
Benefits administrator signature	Benefits administrator phone	Date
<input type="checkbox"/> Completed <i>Notice of Election</i> (NOE) attached		<input type="checkbox"/> Supporting documentation attached
For PEBA use only		
<input type="checkbox"/> Approved	Effective date:	
<input type="checkbox"/> Denied	Reason for denial:	