Claim Appeal Form

This form is used if you disagree, in whole or in part, with Allegiance Advantage decision regarding your claim for benefits, and/or you are enrolled in a plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), and are appealing Allegiance Advantage decision. You must file your request for review within 180 days of the date you receive your denial letter. Failure to file a timely appeal will bar you from any further review of this benefit denial under these procedures or in a court of law.

Upon request and free of charge, you will be provided (1) reasonable access to and copies of all documents, records and other information relevant to your claim; and (2) a copy of any specific rule, guideline or protocol relied upon in making the initial adverse benefit determination.

Once you submit this form to appeal Allegiance Advantage decision, you will receive a full and fair review of this adverse benefit determination and the review will be conducted by someone who was not involved in the initial claim denial and who is not a subordinate of anyone who decided the initial claim denial. You will be notified of the decision on your request for review within a reasonable period of time but not later than 60 days after the date your appeal is received. If you do not agree with the final determination on review and your claim relates to a plan subject to ERISA, you have the right to bring a civil action under Section 502(a) of ERISA. However, you must exhaust the plan's review procedures before filing suit. In addition, any such action must be brought within the deadline described in your summary plan description. If your claims relate to a plan that is not subject to ERISA, you may have the right to appeal this decision. Review your benefit summary for a description of any appeal rights and procedures.

****PLEASE NOTE**: If the plan year in which the claim is filed against is still active or in a runout period, please upload a new receipt to that specific claim at https://www.askallegiance.com. A claim appeal form is not needed in this instance.

Copies of supporting documentation are required to process your appeal. Documentation for medical expenses required by the IRS includes a third-party receipt containing the following information:

- Date service was received or purchase made
- Description of service or item purchased
- Dollar amount (after insurance, if applicable)

Instructions:

1. Complete all sections of this form.
   Securely email, mail or fax **completed form and supporting documentation (see below)** to:
   Secure Email: Allegianceform@healthaccountservices.com
   Address: P.O. Box 2396 Fargo, ND 58108-2396
   Fax: (833) 480-7005
2. If you have any questions about completing this form, please contact Allegiance Advantage Consumer Services at (877) 424-3570. We have representatives available Monday-Friday, 7:00 am to 7:00 pm CST.

Step 1: Consumer Information

*Required Fields

*Consumer Name (First, MI, Last)

*Employer

*Birth Date (MM/DD/YYYY) / /

*Social Security Number - -

*Phone Number ( ) -

*Permanent Address

Email Address

*City

*State

*Zip Code

Allegiance℠ by Cigna Healthcare

Claim Appeal Form

Step 2: Claim Information

Please provide the claim number and the reason for your appeal. Your reason for appeal should include what the claim was for and which IRS regulation you believe indicates that the claim should have been approved.

*Claim Number

*Reason for Appeal

Step 3: Consumer Certification

To the best of my knowledge, the information I am providing on and with this form is complete and accurate. I certify that the requests I am submitting are eligible expenses as defined by the IRS and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement from any other source. I understand that Allegiance Advantage, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I have obtained or made reasonable efforts to obtain the provider's Tax ID (TIN), and I will include the TIN on IRS Form 2441, which I must attach to my Federal income tax return. If there are any changes in the provided information, I understand it is my responsibility to notify Allegiance Advantage. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit. I acknowledge that this form may be electronically signed and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

*Consumer Signature

*Date