

2019 Chicago Lives Healthy Wellness Program Appeal Form
Your Appeal must be postmarked by May 3, 2019

1. Employee Name (print full name): _____

2. Employee ID Number from the employee's paystub: _____

3. Employee Address: _____

4. Daytime Phone: _____ Email Address: _____

5. Appeal applies to (Circle One): Employee OR Spouse/domestic partner/civil union spouse

Please note: If both the employee and the spouse are appealing, each person must complete a separate appeal form.

6. Spouse/domestic partner/civil union spouse Name (print full name): _____

Please complete the information below for the : RealAge Test, Deadline: March 29, 2019

- Date your RealAge Test was completed: _____
- Please provide the Email address you used to create your Sharecare account: _____
- If you did not complete your RealAge Test, please explain why you did not complete this required enrollment step by the deadline: _____

Please check one of the boxes below that indicates your reason for this appeal:

	Reason For Appeal	I Have Attached The Following Required Documents
1. <input type="checkbox"/>	Sharecare indicates that I did not complete my RealAge Test. I did complete this enrollment step.	Explain in detail your experience completing this enrollment step. Please list the dates of any interactions you had with Customer Service to address these issues. Include any documentation that shows you completed the enrollment step by the required deadline. _____ _____ _____ (Attach an additional sheet of paper if you need more room to fully explain.)
2. <input type="checkbox"/>	I am too sick to participate in the <i>Chicago Lives Healthy</i> wellness program.	Have your physician complete the Waiver from Wellness form: Go to: www.chicagoliveshealthy.com and click the red button under "Ongoing Participation Paths." Look under the IMPORTANT LINKS on the right hand side of the page to download and print the waiver form. The waiver form must be completed by your physician and submitted with this appeal form.
3. <input type="checkbox"/>	Divorce	Enclose a copy of the certified divorce decree. Your spouse/domestic partner/civil union spouse will be removed from the health plan.
4. <input type="checkbox"/>	Death	Enclose a copy of the certified death certificate. Your spouse/domestic partner/civil unions spouse will be removed from the health plan.
5. <input type="checkbox"/>	Order of protection issued by a court.	Provide a copy of the order of protection.
6. <input type="checkbox"/>	We are in the process of getting divorced.	Explanation of why spouse cannot participate, PLUS attach documents establishing proof of divorce proceedings.

7. <input type="checkbox"/>	We are legally separated.	Explanation of why spouse cannot participate, PLUS attach a copy of certified separation agreement.
8. <input type="checkbox"/>	Military deployment.	Copy of official deployment orders.
9. <input type="checkbox"/>	Appealing for spouse who is incarcerated.	Provide documentation/proof of incarceration.
10. <input type="checkbox"/>	Other.	<p>The reasons outlined above (#1 through #9) are the typical reasons for successful appeals. If you wish to submit an appeal for another reason:</p> <ol style="list-style-type: none"> 1. Read <i>"Helpful Information on Other Reasons for Appeals"</i> below; 2. Prepare a signed appeal statement explaining why you think you are entitled to be exempted from the RealAge Test and attach it to this appeal form; and, 3. Attach copies of all documentation necessary to support your appeal statement.

Helpful Information on Other Reasons for Appeals

- If you are appealing because you and/or your spouse are under a doctor's care: *Being under the care of a physician is **not** a reason to be waived from wellness program participation.*
- If you are appealing because you and/or your spouse prefers to work with a personal physician: *Employees and/or spouses who do not wish to participate in the wellness program for any reason may decline to do so and pay the required additional healthcare contribution.*
- If you are appealing because you and/or your spouse does not believe in wellness programs or does not agree to participate: *Employees and/or spouses who do not wish to participate in the wellness program may decline to do so and pay the required additional healthcare contribution.*
- If you are appealing due to the personal circumstances of you and/or your spouse which makes participation difficult or inconvenient: *This is not a reason to be waived from wellness program participation.*

Your appeal must be postmarked by May 3, 2019: Mail this appeal form and all required documentation to:

City of Chicago
 Chicago Benefit Office
 2019 Wellness Appeal-RAT
 333 S. State Street, Room 400
 Chicago, IL 60604-3978