



Ironworkers Health & Welfare Trust Fund of Western Canada
Request for Appeal Form

Request for Appeal

Member Information		Local Union No.				
Last Name		First Name		Gender (circle)		Date of Birth
				M F		Month Day Year
Address		City		Province		Postal Code
Phone Number		Cell Phone		Email Address		

Step 1: Contact the Ellement Call Centre to provide an explanation for the reason of the claim denial. If you have new information that may not have been provided previously, please forward it to the agent who was working on your file.

Step 2: Request a review only if you have already completed step one, and you still have concerns you may ask for the Board of Trustees to review the information by submitting the appeal. To commence the appeal process you must complete this form. The appeal will be dealt with by the Board of Trustees at the next regular Board meeting scheduled not earlier than 21 days after the Request for Appeal has been received by the Board of Trustees.

Step 3: The member acknowledges receipt of Appeals Policy Yes / No

What is the decision you wish to have reviewed? (please provide as much detail as possible)

What is the date of the letter sent to you that explains the decision? (please attach a copy)

What are your reasons for requesting a review of the decision? Please include any information you feel is relevant for the Board of Trustees to consider the appeal. For example, notes or a prescription from a medical practitioner, information relating to a specific product or service for which he or she is seeking coverage, evidence of any extenuating circumstances that have a direct impact on the complaint. If you require additional room, please attach to appeal form.

Please outline what you want from this appeal.

Member's Signature _____

Date _____

Please return to:



Ellement
1050-11150 Jasper Ave NW, Edmonton, AB T5K 0C7
Phone: 780-452-5161
Toll Free: 1-800-770-2998



www.abironworkers.ca