Benefits Administrative Appeal Form

Associate Last Name		First Name	Middle Initial	Employee Number
Street Address				Telephone Number
City	State		Zip	Email Address

Date of Initial Administrative Claim: _____   Date of Initial Claim Denial: _____

Please describe the reason and circumstances for which you are requesting an administrative appeal. Include if you are requesting to enroll or make changes to your benefits outside of the Open Enrollment period:

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To request an administrative appeal under Albertsons' Companies benefits program, please complete this form and attach any additional documentation not provided in your initial administrative claim. **An appeal will not be a review of your initial claim**. Your appeal should include issues, comments, documents, records, and other information relating to your dispute that you want considered. You may request reasonable access to, and copies of, all documents, records, and other information relevant to your dispute, without charge. You will receive notice of the decision within 60 days after the date the Committee receives your written request for appeal. Include this completed form and your additional documentation with your Help Desk Ticket created for the administrative appeal or mail to this form to the address below:

Albertsons Companies, Inc.
Administrative Claims Committee
Attn: Director of Benefits Delivery
6080 Tennyson Parkway, Suite 300
Plano, TX 75024

If you have questions about this form or the administrative appeal process, please contact the Benefits Service Center, toll free at: (888) 255-2269. Press 2, then press 2 again.

NOTE: This is **not** an appeal for plan benefits under ERISA. Benefit claims must be sent to the Claims Administrator for your plan. You can find the contact information for the Claims Administrator for your plan on your medical plan ID card, Summary Plan Description or the Contacts page on MyACI-Benefits.com. Claims for benefits are subject to federal rules for claims and appeals procedures as outlined under ERISA.