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Benefits Administrative Appeal Form

Associate or Dependent Name		Help Desk Ticket Number
Associate Email Address		Associate ID Number
Today's Date	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 an enrollment period:

- To request an administrative appeal of your claim under Albertsons' Companies benefits program, please complete this form and attach any additional documentation not provided in your initial administrative claim. You have 60 days from the date that your initial claim was denied to submit your appeal. Your claim will be permanently closed if you do not appeal within 60 days.
- **An appeal is not 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. If additional information is required in order for your appeal to be considered, you must provide the requested information within 30 days from the date of the documentation request, or your appeal will be automatically denied.
- You will receive notice of the decision on appeal within 60 days after the Administrative Claims Committee receives your written request for appeal and all required documentation.
- You may request reasonable access to, and copies of, all documents, records, and other information relevant to your dispute, without charge.

To submit your administrative appeal, please login to myACI and submit a help desk ticket using the category "Benefits" and topic "Administrative Appeal". Once you have submitted your help desk ticket with the attached documentation, your claim will be reviewed. Include this completed form and your additional documentation within your Help Desk Ticket created for the administrative appeal.

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. Representatives are available Monday through Friday between 6am and 6pm AZT.

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](https://myaci-benefits.com). Claims for benefits are subject to federal rules for claims and appeals procedures as outlined under ERISA.