Claim Appeal Form Instructions  
(Effective September 1, 2016)

If your claim for benefits to the NYSNA Child Care and Elder Care Fund (“the Fund”) is denied, you may appeal the denial to the Board of Trustees by submitting a Claim Appeal Form.

The Claim Appeal Form is available online at www.ASOnet.com and www.NYSNA.org/benefits, and a copy is attached to these Instructions. The Claim Appeal Form must be fully completed. You must also fully and clearly explain in the space provided on the Claim Appeal Form (attach additional pages if needed) the circumstances of your appeal and why you believe the claim should be considered for benefits.

Your appeal form must be sent to the Plan Administrator, not ASO, within sixty (60) days of the date written on the Explanation of Benefits from ASO denying your claim. Appeals that are not timely filed will be denied. The Plan Administrator will advise you if additional information is needed to consider your appeal. If the additional information is not provided in a timely manner, your appeal may be denied. The Trustees of the Fund will consider your appeal and notify you in writing of their determination. All decisions of the Board of Trustees are final and binding.

The following are required documents that must be submitted to the Plan Administrator:

1. Completed Claim Appeal Form;

2. Copy of the Explanation of Benefits from ASO indicating your claim was denied;

3. Any and all documentation supporting your appeal.

The Claim Appeal Form and supporting documentation should be sent to the Plan Administrator at the mailing address or fax listed below:

**John J. Barrett, Plan Administrator**
c/o New York State Nurses Association  
155 Washington Avenue  
Albany, New York 12210  
Fax: 518-782-9530