



RDS Appeals

Sample Supporting Documentary Evidence Cover Sheet

Complete the following information:

Date Appeal was Submitted: _____

Date Documentary Evidence Submitted: _____

Application Number: _____ Plan Sponsor ID: _____

Plan Sponsor Name: _____

Plan Year Start Date: _____ Plan Year End Date: _____

Appeal Tracking #: _____

Adverse Determination Being Appealed: _____

This document is submitted by:

Name: _____

Title: _____

RDS User Role (for example: AR, AM, Designee): _____

Email Address: _____

Telephone Number: _____