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**Benefit Enrollment Due to Extenuating Circumstance Form**

The Benefit Enrollment process is available to teammates who have extenuating circumstances out of the teammates control, who are unable to complete their benefit enrollment within plan requirements (for example, during initial benefits eligibility, annual open enrollment, qualifying life event, etc.).

To request a review of the initial denial of eligibility determination, the teammate must submit a written Benefit Enrollment Extenuating Circumstance Form (attached) containing all the required information together with supporting documentation. The extenuating circumstance form can be submitted immediately upon learning of the enrollment denial. An undue delay (e.g., 10 days or more) in submitting the Benefit Enrollment Extenuating Circumstance Form may also be a reason for denial of the form.

The Benefit Enrollment Extenuating Circumstances Form should be completed by the teammate requesting the review must contain the following information or the extenuating circumstance form will not be considered:

- Complete teammate information, including phone number and email address
- A description of the event supporting the extenuating circumstance
- The original enrollment request, made by the teammate
- Any supporting documentation, such as emails, letters, etc., as well as any applicable dependent verification documentation (e.g., birth certificates, marriage licenses, notification of loss of other coverage, etc.)

An approval or denial of extenuating circumstances is based on a full review of the information available to the Plan.

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**Filing The Extenuating Circumstance Form**

To file the extenuating circumstance form, the teammate can scan and load the completed extenuating form and supporting documentation into their profile in Empyrean OR they may fax the completed form and documentation to 888-546-7579. Keep a copy of your extenuating circumstance form for your records.

**Status of Extenuating Circumstances Form**

A Benefits Counselor will call you at the phone number you have provided to give you the results of the extenuating circumstance form and assist you with the next steps, if applicable.

**Checking Status of the Extenuating Circumstance Form**

You may follow up with the Caliber Teammate Benefit Enrollment Center at **844-347-8941 and select option 8** to check the status if needed. Again, remember to keep a copy of your extenuating circumstance form for your records before scanning and uploading or faxing.

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# Benefit Enrollment Extenuating Circumstance Form

| Teammate Name | Date Completed |
|---|---|
| Teammate ID | Phone Number |
| Email Address | |

| Explain the reason for your extenuating circumstances: |
|---|
| |

| In detail, please state the outcome you are requesting: |
|---|
| |

**STEPS TO COMPLETE YOUR REQUEST:**

**1. Submit this extenuating circumstance form with any supporting documentation to the Caliber Benefit Center.**

- **a. By scanning and uploading to your Empyrean account OR**
- **b. By faxing to 888-546-7579**

**2. The Plan will review your request. A response will be provided within 3-5 business days.**

**3. Be available for calls from the Benefit center at the phone number you provided. If you are unable to be reached and do not enroll in a reasonable amount of time, your case will be closed, and you will have to wait until your next enrollment event (typically the next annual enrollment period) to enter the plan.**

**EMPLOYEE AUTHORIZATION: (required)** *I acknowledge by signing this extenuating circumstance form that any change to my insurance plans and/or levels of coverage may affect my benefit deductions. For any missed benefit deductions that are a result of approval of this extenuating circumstance form, I authorize all past missed deductions for benefit premiums to be taken from my paycheck – which may include double premiums - until my premiums are caught up.*