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|  | **TOTAL DISABILITY APPEAL REQUEST** |
| INSTRUCTIONS |
| 1. **Do not use this form if there is additional/new medical information regarding your Extended Disability Benefits (EDB) application/claim. Contact your assigned adjudicator or case manager immediately.**
2. Please read and complete **all sections** of this form.
3. Send the completed form within **60 calendar days** of when you were notified of the adjudication decision and your right of appeal to the Alberta School Employee Benefit Plan (ASEBP) by mail or email to appeals@asebp.ca, Attention: Total Disability Appeals Request.
4. ASEBP will contact you following a review of your appeal request.
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| A. Covered Member’s Information |
| Name:        | ASEBP ID #:       |
| Mailing address:      Email address:       | Phone number:    -   -     |
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| B. Your Appeal Request |
| Please check one of the following to indicate the type of decision you would like to appeal as it relates to EDB Total Disability:*[ ]* EDB application declined *[ ]* EDB claim terminated I understand that:* Any additional medical information cannot be submitted as part of my appeal and must first be submitted as part of my EDB application/claim (“EDB file”) for review and decision.
* An internal review of my EDB file will be conducted before an appeal hearing is scheduled. This review could take up to one month to complete and I will be advised of the outcome.
* The appeal decision will be based on the Appeal Body’s review of my EDB file and information I and/or my representative present about why I believe I meet the definition of Total Disability under the EDB Plan.
* A copy of my EDB file will be shared with me in advance of the appeal hearing.
* Subject to governmental orders or other extenuating circumstances, I must attend the appeal hearing and may be accompanied by a representative of my choosing, with each of us able to participate in the hearing.
* The Appeal Body’s decision is final, and I will be notified of their decision in writing.
* Any expenses incurred while pursuing this appeal request are my own responsibility.
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| **C. Consent and Authorization for Use of Personal Information** |
| I understand that ASEBP requires the personal information contained herein and in my EDB file in order to administer this appeal request. |
| Date:       | Signature: “First name Last name” |
| Consent is being obtained in accordance with sections 7, 8, 9 and 61 of the *Personal Information Protection Act* of Alberta and section 1 of the federal *Personal Information Protection Electronic Documents Act*. Be advised that in order to optimize the services we provide we may use service providers outside Canada to carry out certain functions on our behalf. In such situations, we enter into contracts and/or verify that appropriate privacy and security protocols are in place. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to ASEBP’s Privacy Policy at [www.asebp.ca](http://www.asebp.ca) or contact the privacy officer at 780-438-5300. |