



## 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: \_\_\_\_\_