

**Massachusetts Correction Officers  
Health and Welfare Fund  
PO Box 1300  
Manchester, NH 03105**

Benefit Strategies, Inc.  
Administrator

TEL (800) 346-4935  
FAX (603) 647-4668  
E-Mail: Dleblanc@benstrat.com

**Procedure For Filing an Appeal**

**Background Information Regarding Enrollment in the Dental and Vision Plans:** You are eligible to enroll yourself and/or your legal dependents in the Massachusetts Correction Officers Health and Welfare Fund's dental and vision plans only at the following times:

- 1) New employees may begin participating in the plan 6 months following their date of hire with MCOFU. Enrollment forms and payroll deduction authorization forms may be turned in to the Administrator at any time during the first 6 months of service. A thirty-day grace period will be given for you to get all information submitted. The Administrator will deny enrollments received after the 6 months plus 30-days.
- 2) Open Enrollment - Any eligible member of MCOFU can begin or change participation in the dental and vision plans effective January 1<sup>st</sup> if they submit an enrollment form and payroll deduction authorization form to the Administrator during the open enrollment period which is the 3 months preceding January 1<sup>st</sup>. A 30-day grace period ending on January 30 will be granted to allow you to get all the forms in to the Administrators office. Enrollments received after January 30 will be denied.
- 3) Changes in Family Status – You may change your coverage in the dental and vision plans during the year if you have a qualifying family status change (such as marriage, divorce, birth or death of a dependent). You must submit your changes by filling out an enrollment form and sending it to the Administrator within 60 days following the family status change.

**If you wish to appeal any decision of the Administrator, you must do the following:**

- 1) Write a Letter of Appeal to the Massachusetts Correction Officers Health and Welfare Fund's Board of Trustees. In your letter, describe the circumstances you wish to be considered by the Board.
- 2) Send the letter to the Board's Administrator at the address shown on the letterhead above.
- 3) The Administrator will present your written Letter of Appeal to the Board of Trustees for the Board's consideration and action at their next regularly scheduled meeting. The Board may defer action on the appeal to a later date if the Board determines that additional time is needed to consider the appeal.
- 4) If the appeal is wholly or partially denied, written notice of the decision shall be furnished to the Claimant no later than 90 days after such appeal was first presented to the Board. The notice shall set forth:
  - a. The specific reason(s) for the denial.
  - b. Specific reference to pertinent plan provisions on which the denial is based.
- 5) If notice of the denial of an appeal is not furnished within 90 days in accordance with paragraph 4 above, the appeal shall be determined denied.
- 6) The Board of Trustees' decision with respect for review shall be a final and binding disposition of the appeal.

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