Annual Benefit Enrollment Appeals eForm

Appeals for Annual Benefit Enrollments (ABE) must be submitted as soon after ABE as you find an issue with your election(s). A single form can be used to appeal multiple enrollments. Based on the volume of appeals received, a final decision can take up to 60 days from the date your appeal is received in good order. You will be notified when your appeal has been approved or denied.

### Complete the Appeals eForm

1. Sign into [my.wisconsin.edu](https://my.wisconsin.edu)
2. Click on the **Forms** tile.
3. Scroll to the bottom of the page and click on **Enrollment Appeal** in the left navigation.  
   **WARNING**: If the form does not open, enable pop ups for this site.
4. Click on **Add a Benefits Appeal**.
5. Enter the reason for the appeal and any supporting information in the Employee Statement field.  
   **NOTE**: Do not include Social Security Numbers, dates of birth or other identifiers in this field.
6. Choose the **Election Action** from the drop-down menu for the benefit plan you want to appeal. There are four **Election Actions** that can be taken: **New Enrollment, Rescind Annual Election, Cancel Coverage**, or **Update Current Enrollment**.
7. Using the drop-down options, choose the **Benefit Plan** and **Coverage Level**.
8. Verify that all dependents are listed in the **Dependents** section.  
   **NOTE**: You will be able to add dependents as needed in this section.
9. Choose Add, No Change, or Remove for each dependent listed for each benefit plan you are appealing.  
   **NOTE**: You will be able to add dependents as needed in the following section.
10. Add **New Dependents** that you wish to add to your insurance plan(s).
11. Read the **Acknowledgement** section, review the Enrollment Terms and Conditions, and then switch the toggle from No to Yes to indicate that you agree.
12. Click the **Submit** button to submit your appeal. Employees will receive written notification by Employee Trust Funds of approval or denial of any appeal.