UMWA Health and Retirement Funds
Request for Hearing

This form is to be used to request a hearing to appeal the action taken by the Funds on a benefit application. Please complete this form and return it to:

UMWA Health & Retirement Funds
160 Heartland Drive
Beckley WV 25801
1-800-291-1425

<table>
<thead>
<tr>
<th>Mine Worker’s Name (Last, First, Middle)</th>
<th>Social Security Number</th>
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<tr>
<th>Applicant’s Name (Last, First, Middle)</th>
<th>Area Code / Telephone Number</th>
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Mailing Address:

Check the appropriate box to indicate the action you wish to appeal:

- [ ] Pension denied
- [ ] Pension approved, but service credit denied
- [ ] Death and survivors benefits denied
- [ ] Other (please explain)
- [ ] Applicant denied health benefits
- [ ] Applicant’s health benefits cancelled
- [ ] Dependent’s health benefits denied or cancelled

Date on which the Funds took the action you wish to appeal:

Check the appropriate box to indicate the plan under which you seek benefits:

- [ ] 1950 Pension Plan
- [ ] 1974 Pension Plan
- [ ] Combined Trust
- [ ] 1992 Benefit Plan
- [ ] 1993 Benefit Plan

Will someone be representing you in connection with this appeal? [ ] Yes [ ] No
If “Yes” please provide the following:

Representative’s Name: Area Code / Telephone Number

( ) - - -

Mailing Address:

Where would you like your hearing to be held? [ ] Beckley Field Service Office  [ ] By Telephone

Signature of Person Completing this Form Date

(07/16)