**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**

Mine Worker's Name (Last, First, Middle) — Social Security Number _____-_____- _____

Applicant's Name (Last, First, Middle) — Area Code / Telephone Number (_____) -_____- _____

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