



STATE OF MAINE  
DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES  
Bureau of Human Resources  
Office of Employee Health, Wellness & Workers' Compensation  
61 State House Station  
Augusta, ME 04333-0061



Janet T. Mills, Governor  
Kirsten LC Figueroa, Commissioner

Shonna Poulin-Gutierrez, Executive Director

## Employee Health, Wellness, & Workers' Compensation Dispute Form

Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Preferred email for correspondence)

Phone Number: \_\_\_\_\_

Have you contacted Employee Health, Wellness, & Workers' Compensation regarding this dispute?: Yes \_\_\_\_ No \_\_\_\_  
If yes, please indicate the contact: \_\_\_\_\_

Please provide a detailed explanation of what you wish to dispute and the reason regarding your Health, Dental and/or Vision Plan benefits (attach a separate sheet for additional information if necessary):

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Please note: Personal Health Information (PHI) should not be shared when completing this dispute form. Examples of PHI include medical diagnosis, treatment plans, etc. This is not the form to use for Health Premium Credit Appeals.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:  
Office of Employee Health, Wellness, & Workers' Compensation Wellness  
61 State House Station  
Augusta, Maine 04333-0061  
[Info.benefits@maine.gov](mailto:Info.benefits@maine.gov)