



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
Elaine Clark, 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):

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