

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



Janet T. Mills, Governor Kirsten LC Figueroa, Commissioner Shonna Poulin-Gutierrez, Executive Director

## **Employee Health & Wellness Dispute Form**

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

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

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

Email Address:

(Preferred email for correspondence)

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

Have you contacted Employee Health & Wellness 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 61 State House Station Augusta, Maine 04333-0061 Info.benefits@maine.gov