

# UPP Benefit Appeal Form

Please complete the following form to initiate an appeal of a decision made by our Member Services team in relation to a benefit entitlement, specifically disputes arising from the interpretation and application of the UPP Plan Text to the person's individual benefit eligibility.

We recommend submitting to the Board Secretary at [boardsecretariat@universitypensionplan.ca](mailto:boardsecretariat@universitypensionplan.ca) within 60 days from the date you received the decision letter from Member Services to address your concerns in a timely manner.

Note: If you wish to authorize UPP to release information to a third party such as legal counsel or another representative assisting you with your appeal, please complete the UPP Authorization to Release Information to a Third Party form, available on [myupp.ca](http://myupp.ca).

| Applicant information                         |          |               |         |
|---|----------|---------------|---------|
| First name                                    |          | Last name     |         |
| Mailing address                               |          |               |         |
| City  | Province | Postal code   | Country |
| Phone number                                  |          | Email address |         |
| Description of any accessibility requirements |          |               |         |

| Decision  |
|---|
| Please include a copy of the letter in which the decision was communicated. |
| Type of benefit entitlement being appealed                                  |
| Decision being disputed   |

### Reason for appeal

If you require additional space, please include the information below on a separate document.

Relevant plan text or policy provision being disputed or referenced

Explanation of the reasons why you believe that the provisions of the plan text or policy is not accurately interpreted or applied

Description of the desired outcome

Additional facts in support of the desired outcome

### Hearing format preference

In writing

In person

Video meeting

Note: We will make every attempt to use the selected preference, but we cannot guarantee it.

### Declaration and signature

I confirm that all documentation submitted are true and complete copies.

Applicant's signature

Date of signature (mm/dd/yyyy)