

# Georgia Access Consumer Appeal Request Form

Consumers must use this form to submit a consumer appeal to Georgia Access. Complete Steps 1–6 of this form and include all relevant information and documentation necessary to support your appeal. Consumers may submit this form electronically or by mail. If submitting electronically, please include all materials and associated documentation within one PDF and upload to your online account with your Georgia Access certified web broker, Georgia Access insurance company, Georgia Access certified agent, or the Georgia Access consumer portal. If mailing, please include all appeal information and documentation in one envelope and send to:

**Georgia Access Contact Center  
Attn: Consumer Appeal Request  
PO Box 12264  
Birmingham, AL 35202**

**Note:** Hardship and affordability exemption appeals for Georgia Access are handled through [HealthCare.gov](https://www.healthcare.gov). Additional assistance can be requested by calling the Marketplace Appeals Center at 855-231-1751.

## STEP 1: IDENTIFY WHO IS APPEALING

*In the sections below, include ONLY the people (or Head of Household as needed) on your Georgia Access application whose eligibility results are being appealed.*

Primary Person Appealing on the Application (or the Head of Household if the individual appealing is a dependent)			
1. First Name	2. Middle Name (if applicable)	3. Last Name	4. Suffix
5. Date of Birth (mm/dd/yyyy)		6. Email	
7. Home Phone Number		8. Mobile Phone Number (if applicable)  <input type="checkbox"/> Send me important alerts to this phone number. Standard message rates may apply.	
9. Home Address (leave 9-13 blank if you do not have one)		10. Home Address 2 (if applicable)	
11. City	12. State	13. Zip Code	
14. Mailing Address (if different than home address, complete 14-18)		15. Mailing Address 2 (if applicable)	

Primary Person Appealing on the Application (or the Head of Household if the individual appealing is a dependent)		
16. City	17. State	18. Zip Code
19. Preferred Method of Communication (select one)		<input type="checkbox"/> Electronic (i.e., notices sent to secure inbox or via email) <input type="checkbox"/> Paper (i.e., notices sent to mailing address)
20. Preferred Written Language		21. Preferred Spoken Language

If others on your application are appealing their eligibility results, fill in their information below.

Include ONLY the people on your Georgia Access application whose eligibility results are being appealed. If the person appealing is a dependent of the Head of Household, include their information here. Leave this section blank if no one other than the Primary Person Appealing on the application is appealing.

Additional Person Appealing 1			
1. First Name	2. Middle Name (if applicable)	3. Last Name	4. Suffix
5. Relationship to Head of Household	6. Date of Birth (mm/dd/yyyy)	7. Email	

Additional Person Appealing 2			
1. First Name	2. Middle Name (if applicable)	3. Last Name	4. Suffix
5. Relationship to Head of Household	6. Date of Birth (mm/dd/yyyy)	7. Email	

Additional Person Appealing 3			
1. First Name	2. Middle Name (if applicable)	3. Last Name	4. Suffix

5. Relationship to Head of Household	6. Date of Birth (mm/dd/yyyy)	7. Email
--------------------------------------	-------------------------------	----------

Additional Person Appealing 4			
1. First Name	2. Middle Name (if applicable)	3. Last Name	4. Suffix
5. Relationship to Head of Household	6. Date of Birth (mm/dd/yyyy)	7. Email	

Additional Person Appealing 5			
1. First Name	2. Middle Name (if applicable)	3. Last Name	4. Suffix
5. Relationship to Head of Household	6. Date of Birth (mm/dd/yyyy)	7. Email	

Additional Person Appealing 6			
1. First Name	2. Middle Name (if applicable)	3. Last Name	4. Suffix
5. Relationship to Head of Household	6. Date of Birth (mm/dd/yyyy)	7. Email	

**STEP 2: IDENTIFY THE REASON FOR THE APPEAL**

Review your Eligibility Determination Notice and provide the following information.

<p><b>1. Application ID #</b> (printed on the first page of notice)</p>	<p><b>2. Date of the Eligibility Determination Notice</b> (mm/dd/yyyy)</p>
---	--

Select the reason(s) you are appealing your eligibility result. Select all that apply:

- Georgia Access determined that I, or another person on my application, was not eligible for a Qualified Health Plan (QHP) or Stand-Alone Dental Plan (SADP).
- Georgia Access determined that I, or another person on my application, was not eligible for financial assistance (including Advance Premium Tax Credits (APTCs) and/or Cost-Sharing Reductions (CSRs)).
- I disagree with the amount of financial assistance (including APTCs and/or CSRs) that I, or another person on my application, was found eligible for.
- Georgia Access determined that I, or another person on my application, was not eligible for a Special Enrollment Period to enroll in or change plans outside of the Open Enrollment Period.
- Georgia Access did not provide a timely eligibility determination after I, or another person on my application, applied for coverage.
- I want to appeal another decision not listed: \_\_\_\_\_

**Provide additional information below about why you think your eligibility result is wrong.**

*If you're filing this appeal more than 90 calendar days after the date on your Eligibility Determination Notice, please also explain the delay in filing your appeal. Use additional pages if necessary. If you are including documents to support your request, provide one copy of each of your documents. Keep all original documents.*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**STEP 4: CONFIRM IF YOU ARE APPOINTING SOMEONE ELSE TO REPRESENT YOU**

**You can choose an authorized representative to help you with your appeal.**

*This person can be a friend, family member, or someone else you trust. Please note that appointing a certified Navigator or Certified Application Counselor (CAC) prohibits them from operating in their official capacity as an assister.*

*Your authorized representative may act on your behalf on all matters related to your appeal and inquiries around your appeal, including getting information about your application, and signing your application on your behalf. All communications about your appeal will go to your authorized representative, not you – if you ever need to change or remove your authorized representative, please contact the Georgia Access Contact Center. Select one below:*

- No**, I am not appointing an authorized representative.
- Yes**, I am appointing an authorized representative to help with my appeal.

*If you selected “Yes” above, provide the following information.*

Authorized Representative Information			
1. <b>Frist Name</b>	2. <b>Middle Name (if applicable)</b>	3. <b>Last Name</b>	4. <b>Suffix</b>
5. <b>Primary Phone Number</b>		6. <b>Email</b>	
7. <b>Mailing Address</b>		8. <b>Mailing Address 2 (if applicable)</b>	
9. <b>City</b>	10. <b>State</b>		11. <b>Zip Code</b>
12. <b>Organization Name (if applicable)</b>		13. <b>ID Number (if applicable)</b>	
For Georgia Access Certified Agents Only			
1. <b>Application Start Date (mm/dd/yyyy)</b>		2. <b>NPN Number</b>	

*By signing, you allow this person to sign your appeal, get official information about this appeal, and act for you on all future matters related to this appeal.*

<b>Signature of Primary Person Appealing</b> (or <b>Head of Household</b> if the individual appealing is a dependent)	<b>Date Signed</b> (mm/dd/yyyy)
---	---------------------------------

**STEP 5: INDICATE IF YOU NEED LANGUAGE OR ACCESSIBILITY SERVICES**

---

*If you require language translation support or an accommodation due to a disability, please select the services you need during the appeal process by checking the boxes below. Choose all that apply.*

- Spanish-Speaking Representative
- Language Notice Translation in Spanish
- Other Language Support; Please Explain \_\_\_\_\_
- Teletypewriter Services Line
- Large Print Notices
- Other; Please Explain \_\_\_\_\_



**STEP 6: PROVIDE YOUR SIGNATURE**

---

By providing your signature in this section, you indicate your approval for Georgia Access to use and share federal tax and Social Security Administration information during an appeal. All tax filers (individuals in your household who are 18 or older) identified on your application, or their authorized representatives (if applicable), must sign this form.

During the appeals process, we may need to share with you or your authorized representative the information that Georgia Access used to determine your eligibility. This information might include employment and/or income information from a consumer reporting agency, information about income you receive from the Social Security Administration, and/or federal tax information from the Internal Revenue Service about members of your household, including information from your last filed federal income tax return. Georgia Access cannot share federal income tax information or monthly and annual Social Security Benefit information under Title II of the *Social Security Act* from the Social Security Administration with an authorized representative or other individuals without your consent. To give Georgia Access permission, please sign below.

**Acknowledgement Statement**

I understand by completing, signing, and dating below, I authorize Georgia Access to disclose to the individuals whose signatures are provided below, as well as any authorized representative, any federal tax information in my eligibility record which was provided by the Internal Revenue Service. I also consent to the release by Georgia Access of my monthly and annual Social Security Benefit information under Title II of the *Social Security Act* to these same individuals, along with other information in my Georgia Access eligibility record, collected based on the application I filled out (or was completed for me) or that listed me as a household member, and from other data sources like income and employment verification from a consumer reporting agency that were used to make a Georgia Access eligibility determination.

I understand I can request a copy of my Georgia Access eligibility appeal record during the appeals process.

All tax filers in the household must consent to the disclosure of their own federal tax information and also consent to the release of monthly and annual Social Security Benefit information under Title II of the *Social Security Act*. Signing below indicates Georgia Access may share this information with an authorized representative, if one was designated above.

The authorization is valid until the earlier of:

- The resolution of the appeal; or
- My written notification that I want any or all of my authorized representatives removed from this appeal.

I am signing this form under penalty of perjury, which means I have provided true answers to all the questions, and I have answered to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false information.

I understand that under federal law, discrimination is not permitted on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). I can file a complaint of discrimination by visiting <https://oci.georgia.gov/file-consumer-insurance-complaint>.

<p><b>Signature of Primary Person Appealing (or Head of Household if the individual appealing is a dependent)</b></p>	<p><b>Date Signed (mm/dd/yyyy)</b></p>
---	--

Head of Household on the Application / Tax Filer			
1. <b>First Name</b>	2. <b>Middle Name</b> <i>(if applicable)</i>	3. <b>Last Name</b>	4. <b>Suffix</b>
5. <b>Signature</b> <i>(an electronic signature is acceptable)</i>		6. <b>Date Signed</b> <i>(mm/dd/yyyy)</i>	

Additional Tax Filer on the Application 1			
1. <b>First Name</b>	2. <b>Middle Name</b> <i>(if applicable)</i>	3. <b>Last Name</b>	4. <b>Suffix</b>
5. <b>Signature</b> <i>(an electronic signature is acceptable)</i>		6. <b>Date Signed</b> <i>(mm/dd/yyyy)</i>	

Additional Tax Filer on the Application 2			
1. <b>First Name</b>	2. <b>Middle Name</b> <i>(if applicable)</i>	3. <b>Last Name</b>	4. <b>Suffix</b>
5. <b>Signature</b> <i>(an electronic signature is acceptable)</i>		6. <b>Date Signed</b> <i>(mm/dd/yyyy)</i>	

Additional Tax Filer on the Application 3			
1. <b>First Name</b>	2. <b>Middle Name</b> <i>(if applicable)</i>	3. <b>Last Name</b>	4. <b>Suffix</b>
5. <b>Signature</b> <i>(an electronic signature is acceptable)</i>		6. <b>Date Signed</b> <i>(mm/dd/yyyy)</i>	

Additional Tax Filer on the Application 4			
1. <b>First Name</b>	2. <b>Middle Name</b> <i>(if applicable)</i>	3. <b>Last Name</b>	4. <b>Suffix</b>
5. <b>Signature</b> <i>(an electronic signature is acceptable)</i>		6. <b>Date Signed</b> <i>(mm/dd/yyyy)</i>	

Additional Tax Filer on the Application 5			
1. <b>First Name</b>	2. <b>Middle Name</b> <i>(if applicable)</i>	3. <b>Last Name</b>	4. <b>Suffix</b>
5. <b>Signature</b> <i>(an electronic signature is acceptable)</i>		6. <b>Date Signed</b> <i>(mm/dd/yyyy)</i>	

Additional Tax Filer on the Application 6			
1. <b>First Name</b>	2. <b>Middle Name</b> <i>(if applicable)</i>	3. <b>Last Name</b>	4. <b>Suffix</b>
5. <b>Signature</b> <i>(an electronic signature is acceptable)</i>		6. <b>Date Signed</b> <i>(mm/dd/yyyy)</i>	