

Georgia Access Small Business Health Options Program (SHOP) Appeal Request Form for Employers

Employers must use this form to submit a SHOP appeal request. If you submitted a *Georgia Access SHOP Application* for your small business and were either denied eligibility or believe you received an untimely SHOP eligibility determination, you have the right to request an appeal. Appeals must be filed on the *Georgia Access SHOP Appeal Request Form* and submitted to Georgia Access SHOP. Georgia Access SHOP will review all appeals within 30 calendar days.

You have 90 calendar days from the date on your SHOP eligibility determination notice to submit an appeal request. If you do not appeal within 90 calendar days, you may lose your right to appeal. If you are submitting an appeal request for an untimely SHOP eligibility determination and have not received an eligibility determination notice, you have 120 calendar days from SHOP application submission to submit your appeal (30 calendar days after application submission plus 90 calendar days after the appealable activity, i.e., not receiving a timely notice).

Please submit the completed appeal request form via email, and include all relevant documentation necessary to support your appeal within one PDF. Email all information to SHOP@GeorgiaAccess.ga.gov with “SHOP Appeal Request Form” followed by your business’s name and application number in the subject line.

If you’re unable to submit electronically, please include all appeal information and documentation in one envelope and mail to the Georgia Access Contact Center address below:

ATTN: SHOP APPEAL REQUEST FOR *[INSERT BUSINESS NAME]* *[INSERT APPLICATION NUMBER]*
Georgia Access Contact Center
PO Box 12264
Birmingham, AL 35202

If you need any assistance submitting your SHOP appeal request, please reach out to your Georgia Access certified agent or SHOP issuer. If you need further assistance, call the Georgia Access Contact Center at 888-687-1503. If you are including additional documents with this form to support your appeal, please attach copies and keep all original documents. Please retain a copy of your completed *Georgia Access SHOP Appeal Request Form* for your records.

SECTION 1: EMPLOYER’S BUSINESS INFORMATION

Complete Section 1 by providing information about the employer submitting an appeal.

**Note: Do not include a personal email address or phone number unless it is also used for your business.*

Employer Information			
1. Business Name		2. Federal Employer Identification Number (FEIN)	
3. Employer’s Primary Point of Contact Name <i>(This should be the same Primary Point of Contact listed on your application.)</i>			
4. Business Email*		5. Business Phone Number*	
6. Primary Business Address <i>(This should be the same primary business address listed in your application.)</i>			
7. City	8. County	9. State	10. Zip Code
11. Please select one or both boxes below to indicate your preference on how your notices will be sent. <input type="checkbox"/> Electronic notices by email <input type="checkbox"/> Paper notices by mail			
12. Preferred Written Language		13. Preferred Spoken Language	
14. What is your intended coverage start date? <i>This is only applicable if you are appealing a denial of SHOP eligibility and that denial is overturned. This date will override the date provided on your application. This date is an estimate; the actual coverage start date is to be determined between you and your SHOP issuer.</i>		Intended Coverage Start Date (mm/dd/yyyy):	

SECTION 2: IDENTIFY THE REASON FOR THE APPEAL

Complete Section 2 by reviewing your eligibility determination notice and providing the following information.

Appeal Reason(s)	
<p>1. Please select the reason(s) you are submitting this appeal.</p>	<input type="checkbox"/> I disagree with the SHOP eligibility determination provided by Georgia Access SHOP. <i>Insert your SHOP Application ID number (printed on the first page of notice) and date of the notice below:</i>
	<p>SHOP Application ID Number:</p>
	<p>Date of the Notice:</p>
	<input type="checkbox"/> Georgia Access SHOP did not provide a timely notice of my small business's eligibility determination. <i>Insert your SHOP Application ID number (printed on the first page of notice) and date of the notice below:</i>
	<p>SHOP Application ID Number:</p>
	<p>Date of the Notice:</p>
<input type="checkbox"/> Georgia Access SHOP did not provide a notice of my small business's eligibility determination.	

If you selected any of the reasons above, use the space below to further explain the reason(s) you are appealing your eligibility result and include all relevant information to support your appeal.

Use additional pages if necessary and attach to this form. If you are 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.

SECTION 3: AGREEMENT & SIGNATURE

Complete Section 3 by reviewing the Georgia Access SHOP terms and signing the application.

- A. I understand I can request a copy of my Georgia Access SHOP eligibility appeal record during the appeals process.
- B. I understand that by completing and signing this form, I am attesting that I am authorized to do so on behalf of the business or organization indicated above.
- C. I understand that the information on this form will only be used to redetermine eligibility for Georgia Access SHOP and will be kept private as required by law. If eligible, my small business will receive an updated eligibility determination notice that may be used to facilitate SHOP enrollment.
- D. I understand that under state and 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>.
- E. I have consent from the requisite individuals to include personally identifiable information (e.g., addresses and phone numbers) on this form.
- F. I am signing this form under penalty of perjury, which means I have provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false and/or untrue information.

Printed Name of the Person Signing	Title of the Person Signing
Signature	Date Signed (mm/dd/yyyy)