

2025 APPEAL FORM

For Active State Government and Higher Education employees and spouses who are enrolled in medical insurance with Partners for Health *(not applicable to non-medically enrolled, dependent children, retirees or members with the Local Education and Local Government plan).*

You may file an appeal through the process outlined below:

Active State Government and Higher Education employees and spouses who are enrolled in medical insurance with Partners for Health may appeal an incentive that you believe should have been awarded. Appeals for activities completed in the 2025 program year must be received by January 31st, 2026.

For the Incentive Activity you believe you have completed, please provide supporting documentation that the requirements were met. For example, please include the following for inclusion with your appeal:

- A copy of the completed 2025 Physician Screening Results Form and confirmation that it was sent to Sharecare by the November 30, 2025, deadline.
- Print screen or snapshot of the incentive status for any activities through the Sharecare App or online platform that may be in question.
- Documentation or letter from your Health Plan or Employee Assistance Program stating completion of activity.
- Documentation from your treating Doctor stating completion of a preventive screening(s).

You must complete all applicable sections on the Appeal Form, including any additional facts or material that are pertinent to the case. Generally, a decision is reached within **10 calendar days** of receipt unless additional information is needed. Appeals will be investigated by Sharecare. Sharecare will provide written notification of whether the appeal was approved or denied.

Section I. Member Information

Last Name

First Name

Address:

Edison ID: (Found on your CVS Caremark card)

City

State

Zip Code:

Email Address

Phone Number (xxx-xxx-xxxx)

Date of Birth (MM/DD/YYYY)

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Section II. Reason for Appeal (please give detailed explanation for review)

For the incentive activity(s) identified below, enter the date in which each applicable activity was completed and submit proof that it was sent to Sharecare.

COMPLETED INCENTIVE ACTIVITIES		
1	RealAge Test/Health Assessment	
2	Complete a Biometric Screening	
3	Biometric Screening Blood Pressure	
4	Biometric Screening Lab Values	
5	Annual Physical/Well Woman Exam	
6	Preventive Screenings	
7	Eat Right Now Engagement	
8	Eat Right Now Monthly Weigh in	
9	Coaching Session(s)	
10	Onduo – Pair a Device	
11	Onduo – Log an Activity	
12	Quarterly Wellness Challenge(s)	
13	Case Management (BlueCross or CIGNA)	
14	Take Charge at Work (Optum Health)	

SECTION IV. How to Submit Appeals Form and Supporting Documentation

- All appeals must be submitted on this form.
- There are several ways to file your appeal:
 - o **Email:** You may email your appeal to us at tnwellness@appeal.sharecare.com
 - o **Fax:** Appeals can be faxed to us at 615-523-1734

AUTHORIZATION: I hereby certify that the above information and any supporting document(s) are true and correct.

FAILURE TO PROVIDE SUPPORTING DOCUMENTATION AS DESCRIBED IN SECTION I ABOVE WILL RESULT IN DENIAL OF MY APPEAL.

Signature	Date
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