

STATEMENT OF CLAIM

Member Name: _____

Section 1: Member Information. The following information will be redacted prior to public disclosure. (Please Print)			
Street Address			Social Security Number
City	State	Zip	Birth Date (mm/dd/yyyy)
Home Phone Number ())	Work Phone Number ())	Cell Phone Number ())	
Email Address			

Section 2: Claim Information. Please provide the following information regarding the claim.	
Date of Administrative Decision (date of Correction Notice)	Date of Director Denial of Appeal (date of initial denial)
Nature of Issue (provide a brief explanation of the issue)	
Requested Resolution (how would you like to see this issue resolved)	

You may attach additional sheets if needed. Include any additional information/documentation to support your appeal and requested resolution.

By filing this Statement of Claim, I understand that I am waiving any claim of confidentiality related to this claim and the documents requested above. I also understand that I am waiving any claim of confidentiality related to any documents necessary for the defense of the administrative decision.

Member Signature: _____ **Date** _____