

Marathon Petroleum Company Administrative Appeal form

It is each employee's responsibility to use benefits resources, understand and follow the benefits enrollment processes and the deadlines for making elections or changes. However, we recognize that sometimes there are special circumstances that may be outside of an employee's control, which can affect an employee's ability to meet the requirements. This appeal request is your opportunity to present the special circumstances for review. Please provide as much detail as possible to support your appeal including dates, names of resources you spoke to or consulted, emails, etc. Complete all sections that may apply to this appeal.

Active Employees: Create a case in Workday, complete and attach this appeal form along with any pertinent documentation related to this appeal.

Retirees/Non-Employees: Please attach any pertinent documentation related to this appeal and email to benefits@marathonpetroleum.com.

Your appeal will be reviewed as soon as possible. However, missing documentation/information may cause a delay. You will be contacted when a decision has been made.

Employee Information

Full Name: _____ Date: _____
Last First M.I.

Phone: _____ Employee number: _____

Email: _____

Appeal Information

Did you have any email correspondence or Workday Cases about this issue? If yes, please attach copies	YES	NO
Did you speak to a MPC Benefits Service Center rep? Name of representative(s)	YES – Provide Dates	
	NO	

What plans are affected by this appeal?

Health/Prescription Drug		Dental	
Flexible Spending Account		Vision	
Life Insurance or AD&D		Other (list Plans)	

Explain, in detail, the circumstances that affected your ability to meet the requirements of the Plan, and why your request should be granted by exception. Provide a timeline if it is relevant to your request. Be thorough; the appeal decision will be based on the details you provide. You may utilize supplemental pages if more space is required.

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EE Name _____ Date: _____