

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.

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. A decision will be emailed back to you.

Employee Information

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

Phone: _____ Employee number: _____

Email: _____

Appeal Information

Reason for the appeal:

Did you speak to a Benefitsolver rep?	YES	NO	If yes, when?	
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Name of the rep and explain what was said:

Did you have any email correspondence with anyone about this issue?	YES	NO	If yes, please attach copies of the emails.
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Did you speak to a MPC Benefits Service Center rep?	YES	NO	If yes, when?	
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Name of the rep and explain what was said:

What other tools/resources did you use to educate yourself about your life event?			
myMPCbenefits.com		Benefitsolver Reference Center	
Human Resources Consultant		Absence Management (FMLA)	
Other (specify)			

What plans are affected by this appeal?			
Health/Prescription Drugs		Dental	
Health Care Flexible Spending Account		Vision	
Limited Purpose Flexible Spending Account		Employee Life Insurance	
Spouse/child Life Insurance		Employee AD&D	
Spouse/child AD&D			

Explain why your appeal should be granted: