



Premier Access Insurance Company
8890 Cal Center Drive
Sacramento, CA 95826
PHN: 916.920.2500
FAX: 866.379.3247

WWW.PREMIERLIFE.COM

GRIEVANCE FORM

(Use this form to request review of an action by Premier affecting your benefits.)

Reason for grievance:

- Amount of payment for Covered Services
Denial of authorization for services
Amount of premium billed
Other (Specify:)
Eligibility for COBRA
Waiver of waiting period
Quality of dental services received

Group Number: []

Subscriber (Employee) Information:

Social Security Number:
Last Name: First Name: MI:
Date of Birth:
Street Address:
City: State: Zip: Home Phone: ()
E-mail Address:

Grievant Information (if different from subscriber):

Last Name: First Name: MI:
Date of Birth:

Explanation of Grievance (attach additional pages, if needed, and any other documentation):

[Lined area for explanation of grievance]

Signature: Date:

* All references to "Premier" herein refer to Premier Access Insurance Company