

FURLOUGH - ELIGIBILITY APPEAL LETTER
AFL HOTEL & RESTAURANT WORKERS HEALTH & WELFARE TRUST
Hotel Bargaining Unit

Date: _____

Name: _____

Last 4 SSN: _____

Contact (phone/email): _____

Appealing (ex. Pandemic Furlough Credits / Return to Work Provision, etc).

Details to Support Appeal:

Employer: _____

Member Signature

Results - Upheld/Overtured - (Completed by Plan Administrator)

_____ Date: _____