



Houston Police Benefit Trust

Keeping the Trust Since 1981

Appeal Request Procedure

- 1.) Complete the attached Appeal Request Form with all information and documentation needed for the Medical and/or Disability Claim to be appealed.
- 2.) Submit the Appeal Request Form for the Houston Police Benefit Trust Appeals committee to review by:
 - a. Mail – Attn: HPBT Appeals Committee, 1600 State Street, Houston, TX 77007
 - b. Fax – (832) 200-3461
 - c. Email – info@policetrust.com
- 3.) The HPBT Committee reviews appeals once a month and will contact you if more information is needed; otherwise, you will receive a mailed notification of the final decision.
 - a. Please note, each appeal is evaluated on a case-by-case basis and must meet the guidelines outlined by the provisions of your policy.

