

Appointment of an Authorized Representative

You have the right to appoint an authorized representative to act on your behalf with the Department. If you want to name a person or organization as your authorized representative, use this form. We are committed to the privacy of your health information. Please read this form carefully.

1. Individual's Name

2. Individual's Date of Birth

□	□	/	□	□	/	□	□	□	□
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3. Individual's Social Security Number

□	□	-	□	□	-	□	□	□	□
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4. Individual's address

5. Apartment or suite number

6. City

7. State

8. ZIP code

□	□
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□	□	□	□	□	□
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9. Individual's Email Address

I (individual named above) hereby appoint the following individual to act as Authorized Representative for me.

1. Authorized Representative's Name (First name, Middle name, Last name)

2. Address

3. Apartment or suite number

4. City

5. State

6. ZIP code

□	□
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□	□	□	□	□	□
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7. Phone number

(□	□	□)	□	□	□	-	□	□	□	□
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8. Authorized Representative's Email Address

The appointed authorized representative has existing legal authority (if any) for individual/organization to act on my behalf (check all that apply and attach copy of documentation):

- i. Guardianship
- ii. Power of Attorney
- iii. Advance Healthcare Directive
- iv. Other: _____

By making this appointment, I give consent to my authorized representative to perform the following on my behalf (check the box if you give consent):

1. Sign and submit an application on my behalf (including an electronic application)
2. Sign and submit a recertification form on my behalf (including an electronic recertification)
3. Receive copies of Marketplace notices and all other written communications from CoverME.gov
4. Represent me at a fair hearing

- My authorized representative's authority is limited to the task or tasks I have delegated, above.
- This appointment is valid until I change this appointment by notifying the Marketplace in writing or by contacting the consumer assistance center and revoking authority or my Authorized Representative informs the Marketplace in writing or by contacting the consumer assistance center that he/she is no longer acting as my Authorized Representative. I understand that revoking this appointment does not apply to any documents signed by or sent to my Authorized Representative before I revoked the appointment.

I am signing this form voluntarily, and I have the right to a signed copy of this form if I request one.

Signature of the Individual: _____ Date: _____

