W129 N7055 Northfield Drive
Menomonee Falls, WI 53051
O: 262-532-5200
F: 262-532-5245

Authorized Representative Appointment Form

AUTHORIZED REPRESENTATIVE FOR HEALTH COVERAGE

If you want someone to act on your behalf in applying for benefits/appeal or act for you on an ongoing basis, this form must be completed. Be sure to select the function(s) that the representative is being authorized to do. You can select more than one representative and choose the same or different functions. The representative may be an individual or an organization.
Complete one form per authorized representative.

Full Name of Member

Last name _____ First Name _____ MI _____

Member's Date of Birth ___/___/___ (MM DD YYYY) Member ID Number _____

Group/Employer Name _____

Full Name of Authorized Representative

Last name _____ First Name _____ MI _____

Association with Member (Circle ONE) ☐ Family ☐ Friend ☐ Provider ☐ Attorney ☐ Institution of Residence Other:_____

Mailing Address of Authorized Representative

Number and Street _____ City _____ State _____ ZIP code _____

Authorized to (circle all that apply)

☐ Discuss benefit information
☐ Discuss eligibility information
☐ Discuss claims information
☐ Change/update demographic information
☐ Discuss medical information
☐ Appeal on (my)member behalf
☐ All dealings with Exceedent or the Plan
☐ Other_____

I authorize this representative to act for me in taking care of the functions, which I have circled or indicated above. I understand that I am responsible for the information given by anyone acting as my authorized representative, including any information that may be incorrect. I also understand that if at any time I wish to stop the person(s) I chose from being my authorized representative; it is my responsibility to contact Exceedent Customer Service at 262-532-5200 or 844-532-5200.

Signature of Member: (if Member is unable to sign this authorization, please provide medical or legal documentation)

_____ Date ___/___/___ (MM DD YYYY)

Print Name of Member _____