



16960 W Greenfield Ave, Suite 5
 Brookfield, WI 53005
 O: 262-532-5240
 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	/ /	Member ID Number	
	MM DD YYYY		
Group/Employer Name			

Full Name of Authorized Representative

	Last name	First Name	MI
Association with Member (Check ONE)	Family	Friend	Provider Attorney
	Institution of Residence	Other: _____	

Mailing Address of Authorized Representative

Number and Street	City	State	ZIP code
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Authorized to (Check all that apply)

Discuss benefit information	Discuss eligibility information	Discuss claims information
Allow Access to Portal	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 262-532-5240 or 844-532-5240.

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