

**Appointment of Representative form**

You can choose to have a representative help you with your appeal. This form allows you to name the person who will be your representative. The top part of the form needs to be filled out by you. If you are not able to fill it out, your representative may fill it out for you.

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Member ID

**I want to allow** \_\_\_\_\_

*Name of person who you want as your representative.*

**to be my representative in this appeal or complaint.**

I appoint this person to do all of these things on my behalf for this appeal:

- Make or give any request or notice.
- Present, gather or give any information.
- Receive any notices or requests for information.

X \_\_\_\_\_

***Member Signature***

\_\_\_\_\_  
Member Address

(\_\_\_\_\_) \_\_\_\_\_

Member's Telephone Number

Today's Date

**Acceptance of Appointment**

This bottom section needs to be filled out by the person named as the representative for this appeal.

I, \_\_\_\_\_ accept the above appointment.

*Name of person who will serve as the member's representative*

I am a \_\_\_\_\_ of the member.

*Choose one: relative, friend, doctor, lawyer or other spokesperson*

X \_\_\_\_\_

Representative's Signature

\_\_\_\_\_  
Representative's Address

(\_\_\_\_\_) \_\_\_\_\_

Representative's Telephone Number

Today's Date

Case #: \_\_\_\_\_

*(If appeal was previously submitted)*

Return to:

UnitedHealthcare

Grievances and Appeals

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