

Appointment of Representative Form

EXPEDITED APPEAL

Member Name

Member ID

I want to allow

Jaymee Liford

(Please enter the name of person who you want as your representative in the space above)

To be my representative in this appeal

I allow 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

Signature of the UnitedHealthcare member or their legal representative

Member's Address and Telephone Number

Today's Date