

Appoint an authorized Representative for my appeal

You have the right to choose an authorized representative to help you with your appeal. This is a trusted person who has your permission to talk about your appeal with us, see your information, and act for you on matters related to your appeal, including getting information about you and signing your appeal request on your behalf. If you want to have an authorized representative, complete and submit this form. **Your authorized representative can be an attorney.**

Make a copy for your records and mail the completed form to:

Pennie Appeals
PO Box 2008
Birmingham, AL 35203

You may also fax the form to a secure fax line: <fax number> Or, you may email the form to appeals@pennie.com

STEP 1: Enter information for the person who's requesting an appeal (also called an "appellant").

1. First Name	Middle Name
<input type="text"/>	<input type="text"/>
Last Name	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Appeal Case ID # (if you have one)	
<input type="text"/>	

STEP 2: Enter information for the authorized representative.

By appointing an authorized representative, you are requesting that Pennie send all communications to your representative instead of you.

Authorized representative's first name	Middle Name	
<input type="text"/>	<input type="text"/>	
Last Name	Date of birth (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address	Apartment or suit number	
<input type="text"/>	<input type="text"/>	
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone number		
(<input type="text"/>) <input type="text"/> - <input type="text"/>		
Organization name (if applicable)		
<input type="text"/>		

STEP 3: Signature

By signing below, you allow the person named in Step 2 to sign your appeal request, get official information about your appeal, and/or act for you on all future matters related to this appeal.

Signature 1

Printed name (First Name, Middle Name, Last Name)

Signature

Date (mm/dd/yyyy)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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