

Appoint an Authorized Representative

You have the right to choose an authorized representative to help you. This is a trusted person who has your permission to talk about your application with Pennie, see your information, and act for you on matters related to your application, including receiving information about you and signing documents on your behalf. If you want to appoint an authorized representative, you must complete and submit this form. **Your authorized representative can be an attorney, but does not have to be.**

Please Note: Your authorized representative will be able to sign your application as if they were you, submit updates and respond to eligibility redeterminations for you, as well as receive copies of your notices and other communications from Pennie. In addition, your authorized representative can act on your behalf in all other matters before Pennie **until you rescind this appointment (or it expires).** **If you ever need to change your authorized representative, including removing your authorized representative, please contact Pennie's customer service center at 1-844-844-8040.**

If you are a legally appointed authorized representative for someone, please submit proof with this application.

Make a copy for your records and mail the completed form to: **Pennie, PO Box 2008, Birmingham, AL 35203**

You may also fax the form to a secure fax line: **1-866-350-8233** Or, you may email the form to customermatters@pennie.com.

STEP 1: Enter information for the customer who is appointing a representative.

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"/>
Mailing Address (Address number and street)		Apartment or unit number		
<input type="text"/>		<input type="text"/>		
City		State	ZIP code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Pennie Account # (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.

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"/>
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

() -

Organization name (if applicable)

Title (if applicable)

STEP 3: Customer Signature

By signing below, the undersigned hereby declares under penalty of perjury, pursuant to 18 Pa.C.S. § 4909, that the above information in this form is true and correct based on their personal knowledge and that the undersigned hereby allows the person named in Step 2 to serve as their Authorized Representative. By signing this form, the undersigned hereby empowers their Authorized Representative to act on their behalf with respect to any part of their application until the authorization is otherwise rescinded or it expires.

By signing this form, the undersigned hereby empowers their authorized representative to act on their behalf as specified above for either:

Up to: / / Date (mm/dd/yyyy)

Until I, the applicant, indicate that the representative is no longer authorized on my behalf

Signature

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

Signature

Date (mm/dd/yyyy)

/ /

STEP 4: Authorized Representative Signature (other than brokers, navigators, or CACs)¹

By signing below, the undersigned agrees to serve as the Authorized Representative for the person named in Step 1. The undersigned agrees to be responsible for fulfilling all responsibilities of an Authorized Representative. Furthermore, the undersigned agrees to maintain and be legally bound to maintain the confidentiality of any information regarding the applicant or enrollee provided by the exchange in accordance with federal and state law. By signing below, the undersigned hereby declares under penalty of perjury, pursuant to 18 Pa.C.S. § 4909, that the information in this form is true and correct based on his or her personal knowledge and they agree to the terms outlined herein.

Signature

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

Signature

Date (mm/dd/yyyy)

/ /

¹ Brokers, Navigators, and CACs have already executed a Non-Exchange Entity agreement that includes these terms and conditions. As a result, their signature is not required. Brokers, navigators, and CACs can sign this form if they chose to do so.