

Appointment of Representative

Section 1: Appointment of Representative

To be completed by the Kaiser Permanente member seeking representation

I appoint this person: _____ to act as my representative in connection with my complaint or benefit request. I authorize this individual to make any requests, present or to elicit evidence, and to receive any notice in connection with my complaint or benefit request. I understand that personal information regarding my care or benefits related to my complaint or request may be disclosed to the representative indicated below.

Name of the Kaiser Permanente member seeking representation		Kaiser ID number
Signature		Date
Street Address		Phone Number
City	State	Zip Code

Section 2: Acceptance of Appointment

To be completed by the representative:

I, _____, hereby accept the above appointment.

Signature of Representative		Date
Street Address		Phone Number
City	State	Zip Code