



Mail completed forms to: **Retiree RxCare**
 50 Whitecap Drive
 North Kingstown, RI 02852
 Attn: Customer Service Dept

Email forms to: customercare.agbi@amwins.com

APPOINTMENT OF REPRESENTATIVE

NAME OF MEMBER:	MEMBER ID NUMBER:
------------------------	--------------------------

An Appointment of Representative form allows you to appoint a person to file a grievance, request a coverage determination, or request an appeal on your behalf.

SECTION I: APPOINTMENT OF REPRESENTATIVE

To be completed by the Member:

I appoint this individual: _____ to act as my representative on my behalf, in connection with my Coverage. I understand that personal medical/prescription information related to my request may be disclosed to the representative indicated below.

SIGNATURE OF MEMBER	DATE
---------------------	------

STREET ADDRESS	PHONE NUMBER (AREA CODE)
----------------	--------------------------

CITY, STATE	ZIP
-------------	-----

SECTION II: ACCEPTANCE OF APPOINTMENT To be completed by the representative:

I, _____, hereby accept the above appointment.

I am a / an _____
(PROFESSIONAL STATUS OR RELATIONSHIP TO THE PARTY, E.G. ATTORNEY, RELATIVE, ETC.)

SIGNATURE OF REPRESENTATIVE	DATE
-----------------------------	------

STREET ADDRESS	PHONE NUMBER (AREA CODE)
----------------	--------------------------

CITY, STATE	ZIP
-------------	-----

FOR INTERNAL USE ONLY	
_____ Date Received	_____ Insured Account #