

**Humana Inc.**  
**APPOINTMENT OF AUTHORIZED REPRESENTATIVE FORM**

\_\_\_\_\_  
**Member Name**

\_\_\_\_\_  
**Member ID Number**

I, \_\_\_\_\_, appoint \_\_\_\_\_  
Name of Member Name of Authorized Representative

to act on behalf of \_\_\_\_\_  
Name of Member

in connection with any claim for coverage or benefits, including receipt of any approvals or authorizations that are required before medical services. I authorize my representative to receive any and all information that is provided to me, and to act for me and for my minor dependent, if named above as the patient, in providing any information to the group health plan that relates to any claim for coverage or benefits under this group health plan.

\_\_\_\_\_  
**Signature of Member**

\_\_\_\_\_  
**Date**

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby accept the above appointment.  
Name of Authorized Representative

I am a/an \_\_\_\_\_  
Relationship to member

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_