

Form Approved
OMB No. 0938-1213

APPOINT AN AUTHORIZED REPRESENTATIVE FOR MY APPEAL

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

**Marketplace Appeals Center
P.O. Box 311
Pittston, PA 18640**

You may also fax the form to a secure fax line: **1-877-369-0129**.

First name

[illegible]

Middle name

[illegible]

Last name

[illegible]

Date of birth (mm/dd/yyyy)

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Appeal Case ID # (if you have one)

APL-

Authorized representative's first name

[illegible]

Middle name

[illegible]

Last name

[illegible]**Mailing address**[illegible]

Apartment or suite number

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City

[illegible]

State

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ZIP code

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Phone number with area code

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Organization name (if applicable)

[illegible]

ID number (if applicable)

SECTION 3: Signature

By signing below, you allow the person named in Section 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.

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

Signature

Date signed (mm/dd/yyyy)

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To change or remove your authorized representative, or for more information, contact the Marketplace Appeals Center at 1-855-231-1751. TTY users should call 1-855-739-2231. Our hours of operation are Monday through Friday, 7:30 a.m. to 8:30 p.m. Eastern Time (ET) and Saturday, 10 a.m. to 5:30 p.m. ET.

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users should call 1-855-889-4325.

If you need assistance in a language other than English, you have the right to get help and information in your language at no cost. Call the Marketplace Call Center to get information on these services.

Privacy Act Statement

The Marketplace protects the privacy and security of information about you that you have provided. To view the Privacy Act Statement, go to HealthCare.gov/individual-privacy-act-statement/. We're authorized to collect the information on this form and any supporting documentation, including Social Security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), implementing regulations in 45 CFR part 155, subpart F, and the Social Security Act. For more information about the privacy and security of your information, visit HealthCare.gov/privacy/.

Paperwork Reduction Act Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1213. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.