

## Health Insurance Marketplace

### Authorized Representative Appointment Form

- Complete the form by telling us who you want to act on your behalf for your appeal.
- Sign the form to give us permission to talk to your representative about your appeal.
- Mail or fax the signed form to the Marketplace Appeals Center.

#### STEP 1 Information about the person who's appointing the representative

This section should be completed by the person who is appointing a representative for their appeal. Generally, only someone who is appealing their own eligibility (sometimes referred to as an "appellant") can appoint a representative.

First name:

Last name:

Date of birth (mm/dd/yyyy):

Appeal ID (if you have one):

APL-

#### STEP 2 Information about your representative

Enter information about the person you're appointing to act as your representative. This can be a family member, friend, advocate, attorney or someone else you trust. Your representative will be the main contact during the appeal. **All communications about your appeal (including email and text reminders) will go to your authorized representative, not you.** If you change your mind after you appoint a representative and you don't want them to act on your behalf anymore, you must call or write the Marketplace Appeals Center to remove them as your representative.

First name:

Last name:

Date of birth:

Email:

Daytime phone number:

Street address:

Apartment or suite number:

City:

State:

ZIP code:

Organization name (if applicable):

ID number (if applicable):

Text updates to mobile number (optional):

Send email updates to (optional):

## STEP 3 Signature

Sign below to appoint the person listed in Step 2 as your representative. This means you give them permission to get official information about your appeal and act for you during your appeal.

Printed name (First name, Last name)

Signature

Date (mm/dd/yyyy)

## STEP 4 Submit your form

Sign the completed form and send it either:

- **By Mail:** Marketplace Appeals Center  
PO Box 311  
Pittston PA 18640
- **By Secure Fax:** 1-877-369-0129

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### For More Help

If you have questions about your appeal call the Marketplace Appeals Center at 1-855-231-1751. TTY users can call 711. Hours of operation are Monday through Friday, 7:00 a.m. to 8:30 p.m. Eastern Time (ET).

### Privacy & Use of Your Information

The Marketplace protects the privacy and security of information about you that you've provided. To view the Privacy Act Statement, go to [HealthCare.gov/individual-privacy-act-statement](https://www.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](https://www.healthcare.gov/privacy).

### Nondiscrimination

The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex (including sexual orientation and gender identity), or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201.

### Accessibility

You have the right to get Marketplace information in an accessible format, like large print, braille, or audio. Call the Marketplace Appeals Center at 1-855-231-1751 for more information. TTY users can call 711.

### Language Assistance

If you need help in a language other than English, call 1-855-231-1751 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users can call 711.

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