



PEKIN LIFE INSURANCE COMPANY
 Attn: Life & Health Claim Grievance Committee
 2505 Court Street • Pekin, Illinois 61558
 (800)371-9622 • Fax: (309)346-8265
 www.pekininsurance.com

APPOINTMENT OF AUTHORIZED REPRESENTATIVE FORM

This form must be completed by a Patient who is appointing another person to act on their behalf in regard to an appeal of a denied claim or appeal of a denied preapproval of benefits.

| Patient Information | |
|---------------------|------------------|
| Member Number | |
| Patient Name | |
| Date of Birth | Telephone Number |

| Authorized Representative Information | | |
|---------------------------------------|--------------|-----|
| Name | Relationship | |
| Address | | |
| City | State | Zip |
| Telephone Number | | |

| Appointment | |
|---|---------------|
| <p>I, _____, hereby appoint _____ as my Authorized Representative, to act on my behalf in filing appeals (check one):</p> <p><input type="checkbox"/> Relating to a specific claim, date of service or provider of service. Provide specific details: Claim Number _____ ; and/or Date of Service _____ ; and/or Provider _____ ; and/or Other _____</p> <p><input type="checkbox"/> Any current or present appeal for claims or preapprovals associated with coverage under this policy.</p> <p>I understand that this appointment authorizes Pekin Life Insurance Company to disclose, release and discuss all information concerning the above defined appeal, including but not limited to claim status, eligibility and medical records.</p> <p>This appointment can be revoked at any time. Pekin Life Insurance will be held harmless for any action taken based on this appointment prior to being notified of the revocation. The appointment will be revoked 90 days after coverage terminates or as requested. (If you would like to set a termination date, please provide us the date, event or condition you would like us to use to terminate this appointment. _____)</p> | |
| _____ Patient Signature (parent/guardian if a minor) | _____ Date |
| _____ Authorized Representative Signature | _____ Date |