



PO Box 928 | Toledo, OH 43697-0928

APPOINTMENT OF REPRESENTATIVE

Member: _____

Paramount ID Number: _____

Section 1: Appointment of Representative To be completed by the member:

I appoint this individual _____ to act as my representative in connection with my appeal. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my appeal, wholly in my stead. I understand that personal medical information related to my appeal may be disclosed to the representative indicated below.

Signature of Member		Date
Street Address		Phone Number
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		Date
Street Address		Phone Number
City	State	Zip