



Instructions for Appointing a Representative

If you wish to name a family member, friend, or other person whom you trust to act on your behalf to ask for a grievance, request a coverage determination or an appeal, or to make complaints with Centers Plan for Healthy Living, **both you and the individual you choose** must fill out and sign this Appointment of Representative Form.

Please know that unless it is revoked, the appointment will be valid for one year from the signature date.

Section 1: Write your full (first and last) name, your Centers Plan for Healthy Living member ID number, sign and date the form, and fill in your address, phone number, and email address.

Please know that by appointing the person to act as your representative, you are granting this person legal authority and access to your health information related to this request.

Section 2: Write the full name of the person you are appointing as your representative. This section must be signed by the person you are appointing to represent you. Please include the person you are appointing's address, telephone number and email address in this section as well.

Section 3: Please note that your representative (other than your doctor or supplier) can charge you a fee for representing you; if they wish to waive the fee, they will need to sign and date this section.

Return the completed form to Centers Plan for Healthy Living either by mail, fax or email:

Centers Plan for Healthy Living, LLC
75 Vanderbilt Avenue
Staten Island, NY 10304
Attention: Grievance and Appeals Department
FAX: 347-505-7089
Email: GandA@centersplan.com

You can also access the form online 24/7 at www.centersplan.com. If you have any questions or need help, please call the Member Services/Participant Services phone number on the back of your Centers Plan for Healthy Living ID card, or call 1-877-940-9330 (or TTY number 1-800-421-1220) 7 days a week, 8AM-8PM.