

# Authorized Representative Form

## Newborn Screening Benefits

You may designate an authorized representative to complete this form for you, and the right to act on your behalf.

That person can:

- Give and get facts for this application.
- Take any action needed for the application process. This includes appealing an NBS Benefits Program decision.
- Take any action needed for you to get benefits. This includes reporting changes and renewing benefits.

If you give someone the right to act for you, that person agrees to:

- Fulfill all your responsibilities related to the NBS Benefits Program; and
- Keep information about you private.

Your authorized representative must provide verification of identity.

You can only have one authorized representative with the NBS Benefits Program. If you want to change your authorized representative, submit a new Authorized Representative Form to your Physician's Specialist Office.

## Authorized Representative

Do you want to give someone the right to act on your behalf as an authorized representative? If yes, enter their information below.

Yes

No

First and Last Name

Organization:

Home or Organization Address:

Telephone:

City:

State:

Zip Code:

By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters with NBS Benefits.

Signature – Applicant:

Print Name:

Date: