USAble Life

PO Box 1650
Little Rock, AR 72203-1650

APPOINTMENT OF AUTHORIZED REPRESENTATIVE

You may have one authorized representative, and only one representative, at a time to assist you in submitting a claim for benefits; obtaining information on a claim or other matter; or appealing an unfavorable claim determination. If you appoint such a representative, he/she shall be authorized to represent you in all matters concerning your claim or appeal. If you have appointed an authorized representative, references to "employee", "insured", or "covered person" in the terms and provisions of the applicable policy refer to the authorized representative.

One of the following persons may act as your authorized representative:

1. An individual designated by you in writing on this form.
2. Your treating medical provider(s) as designated on this form.
3. A person holding your durable power of attorney.
4. If you are incapacitated due to sickness or injury, the person appointed as guardian to have care and custody of you by a court of competent jurisdiction.
5. If you are a minor, your parent or legal guardian, unless we are notified that your claim involves health care services where the consent of your parent or legal guardian is or was not required by law, and that you will represent yourself with respect to the claim.

This Appointment of Authorized Representative shall continue for the period specified below or until you are legally competent to represent yourself and you notify us in writing that the authorized representative is no longer required.

If your authorized representative represents you because he/she is your parent or legal guardian or attorney in fact under a durable power of attorney, we will send all correspondence, notices and benefit determinations in connection with our claim to the authorized representative. Otherwise, we will send all correspondence, notices and benefit determinations to you, but we will provide copies of such correspondence to your authorized representative upon request.

I _____ authorize _____,
(Claimant)

my _____ to represent me in:
(Relationship)

☐ Submitting a Claim ☐ Obtaining Information ☐ Appealing Unfavorable Decision

This Appointment shall take effect on the date signed and continue until:

☐ Date _____ or ☐ I notify you in writing of my revocation of this Appointment.

Subscribed and sworn to before me this date at _____, _____
(City) (State)

_____ _____
Claimant's Name (please print) Claimant's Signature

_____ _____
Notary Date

_____ _____
(Seal) My Commission Expires:

Please mail request to:

USAble Life
Privacy Office
P. O. Box 1650
Little Rock, AR 72203-1650

Fax number: (501) 235-8484
Telephone number: (501) 212-8871 or (800) 648-0271, Extension 8871
E-mail: privacyofficer@usablelife.com

Return original and retain a copy of this form for your records.