



Appointment of Authorized Representative Form (For Appeal Procedure)

PIBF Member Name	PIBF Identification Number (or Book Number)
------------------	---

Section 1: Appointment of Representative **(To be completed by the party seeking representation, i.e. the patient, legal guardian)**

I appoint this individual, _____ to act as my representative in connection with my claim or asserted right to appeal the unfavorable decision as it relates to my claim for benefits. 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 Party Seeking Representation	Date
---	------

Section 2: Acceptance of Appointment **(To be completed by the Authorized Representative)**

I, _____, hereby accept the above appointment to act on behalf of the above PIBF participant during their appeal process.

I am a / an _____ (relationship to the party seeking representation; i.e. relative, attorney, friend)

Signature of Representative	Date
Street Address	Phone Number (with Area Code)
City, State, Zip	Email Address

Once completed and signed, please mail or fax to the PIBF office.

Pipeline Industry Benefit Fund
PO Box 470950
Tulsa, OK 74147-0950

PIBF Fax: 918 280-4899