

MEBA TRAINING PLAN

**DESIGNATION OF AUTHORIZED REPRESENTATIVE
FOR CLAIMS AND APPEALS**

Pursuant to the claims and appeals procedures for benefits described in the MEBA Training Plan (“Plan”), you may name a representative to act on your behalf for purposes of reviewing documents concerning your claim and submitting issues and comments in connection with an appeal. If you would like to designate a representative, please complete this form and return it to the Plan Office.

1. Please provide the following information:

Your Name: _____

Address: _____

Social Security Number _____

Telephone: _____

Email or Facsimile: _____ (please note if none available)

If you are not the covered employee (Plan Participant), please provide the following information for the Participant:

Participant’s Name: _____

Address: _____

Social Security Number _____

Telephone: _____

Email or Facsimile: _____ (please note if none available)

Relationship to the Participant: _____

2. I hereby designate the following person to act as my representative for purposes of reviewing documents concerning your claim and submitting issues and comments in connection with an appeal.

Representative's Name: _____

Address: _____

Telephone: _____

Email or Facsimile: _____ (please note if none available)

Relationship: _____

3. I authorize my representative (named above) to review documents and submit issues and comments in connection with _____ [specify a particular claim for benefits or indicate if the representative is authorized to take such actions for all claims].

4. I request that the Plan send a copy of all requested information, notices and decisions relating to any aspect of my claim and/or appeal to my representative.

5. I understand that this designation will remain in effect until the conclusion of the Plan's claims and appeals process. I also understand that I have the right to revoke my designation of a representative at any time by sending a letter to that effect to:

**MEBA Training Plan
1007 Eastern Avenue
Baltimore, MD 21202-4345**

Signature

Date

Please return this form to:

**MEBA Training Plan
1007 Eastern Avenue
Baltimore, MD 21202-4345**

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