

Humana
Grievance and Appeal Office
APPOINTMENT OF REPRESENTATIVE FORM

Enrollee Name

Enrollee ID Number

Reference Number

The Enrollee will complete this section.

I choose _____ to advocate for me.
(The legal guardian or representative name goes here.)

- ✓ My legal guardian or representative can discuss everything about my medical services.
- ✓ My legal guardian or representative can have all the documents directly related to my case.

The Enrollee signs here.

Date

Address: _____ Phone Number: _____

The legal guardian or representative will complete this section.

I am the _____ of _____.
(spouse, child, friend, lawyer, or other) (The Enrollee's name goes here.)

I agree to advocate or represent for _____.
(The Enrollee's name goes here.)

The legal guardian or representative needs to sign here.

Date

Address: _____

Phone Number: _____

Notary Section – Completion of this section by a Notary is required

State of _____

County of _____

Subscribed and sworn before me

on _____, 2 _____

_____, Notary Public. My Commission expires: _____

Call If You Need Us

If you have questions, trouble reading or understanding this letter, call us at 1-800-444-9137 or TTY, call 711. We are available Monday – Friday, from 7 a.m. to 7 p.m. Eastern Time. We can help you at no cost to you. We can explain the letter in English or in your first language. We can also help you if you have trouble seeing or hearing. Please refer to your Enrollee Handbook regarding your rights.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. See our website for more information.

Humana Inc. and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Enrollee Services at 1-800-444-9137 (TTY: 711).

If you believe that Humana Inc. or its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances

P.O. Box 14618
Lexington, KY 40512 – 4618
1-800-444-9137 or if you use a TTY, call 711.

You can file a grievance by mail or phone. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-444-9137 (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-444-9137 (TTY: 711).

繁體中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-444-9137 (TTY: 711)。

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-444-9137 (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-444-9137 (TTY: 711).

العربية (Arabic)

لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة -1-800-444-9137 برقم اتصل .بالمجان

والبكم الصم هاتف - (711).

Srpsko-hrvatski (Serbo-Croatian) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-444-9137 (TTY-Telefon za osobe sa oštećenim govorom ili sluhom: 711).

日本語 (Japanese) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-444-9137 (TTY:711) まで、お電話にてご連絡ください。

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-444-9137 (ATS :

711).

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-444-9137 (TTY: 711)번으로 전화해 주십시오.

Deutsch (Pennsylvania Dutch) Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-444-9137 (TTY: 711).

ध्यान दिनुहोस्(Nepali): तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-444-9137. (टिटिवाइ: 711) ।

Oroomiffa (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-444-9137 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-444-9137 (телетайп: 711).

Tagalog (Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-444-9137 (TTY: 711).

ICITONDERWA (Bantu): Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-444-9137 (TTY: 711).