Other formats and languages
You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Explore Health at explorehealth@oha.oregon.gov or 855-268-3767 (voice). We accept all relay calls.

Explore Health Authorized Representative Form

You have the right to choose an authorized representative to help you.

This is a trusted person who has your permission to talk about your application with Explore Health, see your information, and act for you on matters related to your application, including receiving information about you and signing documents on your behalf. If you want to appoint an authorized representative, you must complete and submit this form. Your authorized representative can be an attorney but does not have to be.

Your authorized representative will be able to:

- Sign your application and other forms as if they were you,
- Submit updates,
- Respond to renewal or verification requests for you,
- Receive copies of your notices and other communications from Explore Health, and
- Act on your behalf on all other matters with Explore Health **until you tell us you would like to make a change**.

If you ever need to change your authorized representative, including removing your authorized representative, please contact the Explore Health Customer Assistance Center at 855-268-3767 (relay calls welcome).

Step 1: Primary applicant information

Application ID: _____

Household ID: _____

Name (First, Middle, Last): _____

Date of Birth (mm/dd/yyyy): _____

Email: _____

Home Phone Number: _____

Mobile Phone Number: _____

Home Address: _____

City, State and ZIP code: _____

Step 2: Authorized representative information

By appointing an authorized representative, you are requesting that Explore Health send all communications to your representative.

Name (First, Middle, Last): _____

Date of Birth (mm/dd/yyyy): _____

Email: _____

Home Phone Number: _____

Mobile Phone Number: _____

Home Address: _____

City, State and ZIP code: _____

Step 3: Agreements and signatures

(other than insurance agents and assisters[1])

An authorized representative may do things such as the following for the applicant: sign and submit applications and renewals, report changes, and receive copies of notices and other communication.

An authorized representative may act on behalf of the applicant for Explore Health, ODHS, or OHA programs they apply for or receive (except the Temporary Assistance for Domestic Violence Survivors program and in some cases long-term care services). This will apply to all applicants in the household. The authorized representative listed on this form will replace any previously designated authorized representatives for the household.

The person or organization that is chosen as the authorized representative will remain the authorized representative until:

- An applicant in the household tells Explore Health, ODHS, or OHA that they want to end this approval; or
- The authorized representative tells Explore Health, ODHS, or OHA that they want to end this approval; or
- The person or organization is no longer permitted to act as the applicant's authorized representative; or
- The authorized representative is replaced by a new authorized representative appointed by the applicant or an authorized representative if there is legal authority in place (i.e. Power of Attorney, Guardianship).

If the authorized representative gives wrong or incomplete information to Explore Health, ODHS, or OHA and the information results in overpayment, the applicants and any other liable parties will have to pay back what they should not have received. If the authorized representative knowingly

[1] Insurance agents and assisters have already executed a Participation Agreement that includes these terms and conditions. As a result, their signature is not required. Insurance agents and assisters should complete the Authorization Form. They are not allowed to be assigned as an authorized representative on consumer accounts.

withholds or gave wrong information, the authorized representative will also have to pay it back. The authorized representative must maintain the confidentiality of any information provided by Explore Health, ODHS, or OHA regarding anyone listed on the application or case as well as adhere to any other relevant state and federal laws concerning conflicts of interest and confidentiality of information.

By signing this form, the undersigned hereby empowers their authorized representative to act on their behalf as specified above for either**:**

☐ Up to (date in mm/dd/yyyy): _____

☐ Until I, the primary applicant, indicate that the representative is no longer authorized on my behalf.

Signature of Primary Applicant: _____

Date Signed (mm/dd/yyyy): _____

Printed Name: _____

Signature of Authorized Representative: _____

Date Signed (mm/dd/yyyy): _____

Printed Name: _____

Step 5: Submit your completed form in one of the following ways

- If you are a legally appointed authorized representative for someone, please submit proof with this application.
- Please do not send originals. No documents are kept longer than 60 days and will be destroyed after being uploaded into the consumer portal.
- Keep a completed copy for your records.

Online	**Mail**	**Fax**
For faster processing, upload this document to your online account at ExploreHealthOR.gov.	Explore Health PO Box 191 Salem, OR 97308	888-705-8691

Explore Health: Oregon's Health Insurance Marketplace
PO Box 191
Salem, OR 97308
855-268-3767 (Relay calls welcome)
ExploreHealthOR.gov