

Appointment of Representative (AOR) Form_____
Member Name_____
Passport Member ID Number**APPOINTMENT OF REPRESENTATIVE**

I agree to name _____ (Name and Address) to act on my behalf for a grievance/appeal for _____ (specific issue).

I approve this person to make or give any request or notice for me. This person can present or show any facts or evidence. This person can also get info on any past, present, or future treatments, testing, evaluations, drugs, diagnosis, and results. This person can also talk about all my medical care or services. This person can also talk about my claims or bills I may have received. In addition, this person can receive any notice about my pending grievance or appeal.

SIGNATURE (Member)_____
ADDRESS_____
TELEPHONE NUMBER (with area code)_____
DATE**ACCEPTANCE OF APPOINTMENT**

I, _____, agree to the above. I confirm that I have not been suspected or banned from practice before the Social Security Administration, I am not a current or former officer or employee of the United States disqualified from acting as the member's representative, and that I will not charge or get any fee(s) for the representation unless it has been approved in agreement with the laws and regulations.

I am a/an

(Attorney, union representative, relative, etc.)_____
SIGNATURE (Representative)_____
ADDRESS_____
TELEPHONE NUMBER (with area code)_____
DATE