APPOINTMENT OF REPRESENTATIVE STATEMENT

Member's Name: _____

Member's I.D. #: _____

Appointed Representative: _____

Appointed Representative's Address: _____

_____

Appointed Representative's Telephone #: _____

I hereby appoint and authorize the above referenced person to act on my behalf in the VIVA HEALTH, Inc. complaint procedure. I understand I may revoke this authorization at any time by providing prior written notice to VIVA HEALTH, Inc. at the following address:

VIVA HEALTH, Inc.
Attention: Complaint Coordinator
417 20th Street North, Suite 1100
Birmingham, AL 35203

_____ _____

Member's Signature **Date**

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-633-1542 (TTY: 711).

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 1-800-633-1542 (TTY: 711).