



Oklahoma Insurance Department  
Consumer Assistance/Claims Division  
400 NE 50th Street  
Oklahoma City, OK 73105  
1 (800) 522-0071 or (405) 521-2991

# Appointment of Authorized Representative

**Complete this form only if you have a third party filing a complaint on your behalf.**

## Covered Person Information:

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
EXT

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
EXT

I hereby authorize \_\_\_\_\_ to pursue a complaint on my behalf. I declare and verify that, under penalty of perjury under the laws of the State of Oklahoma, the foregoing is true and correct.

\_\_\_\_\_  
Printed Name of Covered Person (or legal representative)

\_\_\_\_\_  
Signature of Covered Person (or legal representative)

\_\_\_\_\_  
Date

## Authorized Representative Information:

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
EXT

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
EXT

I declare and verify that, under penalty of perjury under the laws of the State of Oklahoma, I have been retained as the authorized representative of the Covered Person.

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date