



<Name>
<Address line 1>
<Address line 2>
<City, State Zip>

<Date>

Dear <Member Name>

We received the enclosed healthcare coverage application for you. <Non-LR Name> signed the application and sent it to us. We need your permission to let <Non-LR Name> apply for you because there is no legal relationship between you.

If you wish to allow <Non-LR Name> to sign the application, you can name him/her to be your medical representative. Please *read* and *sign* the attached **Medical Representative Authorization Form**. <Non-LR Name> will then be able to act in your behalf.

If you do not want <Non-LR Name> to apply for you or to be your medical representative, you may apply for yourself.

If you wish to apply for yourself, please review the enclosed application submitted by <Non-LR Name> to make sure you agree with the information provided. If the information is not correct or is incomplete, make changes where needed. If the information is correct, you do not need to make any changes. After you review the application, *read* and *sign* the attached **Medicaid Online Application Signature Page**.

Please return the reviewed application and either the **Medical Representative Authorization Form** or the **Signature Page** in the enclosed envelope. We cannot process your application for healthcare coverage until these forms are received.

Thank you.