



Illinois Department of Insurance

Appointment of Authorized Representative

320 West Washington Street
Springfield, IL 62767
Toll-free 866-445-5364
TDD: 217-524-4872
FAX: 217-558-2083

Form

DOI.complaints@illinois.gov

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AUTHORIZED REPRESENTATIVE

Relationship

Last

First

MI

Address

City

State

Zip

Phone Number

Email

Organization Name
(if applicable)

Complaint Number
(if applicable)

SIGNATURE FOR AUTHORIZATION

By signing below, I authorize the Department of Insurance to investigate this complaint and to obtain financial and personal health information, if necessary, to conduct the investigation. I further authorize the above-named representative to file this complaint on my behalf and to have access to my financial and personal health information

I understand that information related ONLY to this review will be shared with the authorized individual.

Printed Name of policyowner/insured (if under 18, signature of parent or legal guardian) _____

Signature of policyowner/insured (if under 18, signature of parent or legal guardian) _____

Date _____