

## Designation of Authorized Representative

Please complete this form if you wish to designate an authorized representative to file a complaint with the Michigan Department of Insurance and Financial Services (DIFS) on your behalf. Upon completion, return the form to DIFS via email at [DIFScomplaints@michigan.gov](mailto:DIFScomplaints@michigan.gov), fax to 517-284-8837, or mail to PO Box 30220, Lansing, MI 48909. If you have questions, please call us at 877-999-6442.

Consumer Services' File Number (if assigned): \_\_\_\_\_

<b>Insured/Borrower/Accountholder</b>		
First Name:	Last Name:	
Address:		
City:	State:	Zip:
Phone Number:	Email:	

<b>Authorized Representative</b>		
First Name:	Last Name:	
Address:		
City:	State:	Zip:
Phone Number:	Email:	

**Relation to the Insured/Borrower/Accountholder:**

*If designating yourself as Attorney, Power of Attorney, Executor of the Estate, or other legal representative, please provide a copy of the relevant signed documentation showing your designation.*

**I understand and agree that:**

- This authorization is voluntary and can be revoked at any time.
- This authorization is only valid for the purpose of filing this complaint and providing follow-up information to DIFS regarding the matter addressed in the complaint.

**By signing this form, I authorize DIFS to communicate with my representative as it relates to my consumer complaint.**

Insured/Borrower/  
Accountholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Michigan Department of Insurance and Financial Services**

DIFS is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: [www.michigan.gov/difs](http://www.michigan.gov/difs) Phone DIFS toll-free at: 877-999-6442