

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, 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): _____

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

Authorized Representative		
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 a complaint with DIFS and only for 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 Phone DIFS toll-free at: 877-999-6442