

Authorized Representative for Health Coverage: 3CM Instructions

To be added as an Authorized Representative (AR) for a child's health coverage, State Form 55366, *Authorized Representative for Health Coverage*, must be completed and sent to DFR. Below are the instructions for completing this form.

1. Put your name on the 'Name of Representative' field. Add the following after your name, so your relationship to the child is documented in ICES: (3CM)

E.g. Jill Smith (3CM)

2. Check 'Other' as your association with the applicant. After 'Other', put "DCS case manager".
3. Check both 'Apply' and 'Ongoing' for the AR functions.
4. Sign your name in Section 2.