

## Instructions for designating an authorized representative

### Can I help someone apply for benefits?

You may be authorized by another individual to act on their behalf for the purposes of Paid Family and Medical Leave benefits. Requests to designate an authorized representative can only be granted if we receive one of the following:

- A completed Paid Family and Medical Leave designated authorized representative form;
- Documentation of a court-appointed legal guardian with authority to make decisions on a person's behalf;
- Documentation of an individual designated as a power of attorney to act on a person's behalf; or
- Other written documentation designating an authorized representative.

#### Instructions

Complete sections 1-3. The person applying for benefits and their designated authorized representative must both sign this form. Include this form with the completed application for Paid Family and Medical Leave benefits.

### What if they cannot sign this form?

If a patient is incapable of designating an authorized representative, a healthcare provider may do so on their behalf. This form must be signed by a healthcare provider attesting that the patient is:

- incapable of completing the administrative requirements necessary for receiving Paid Family and Medical Leave benefits, and
- unable to designate an authorized representative to act on their behalf.

The healthcare provider must also attest that they are acting in the patient's best interest.

Healthcare providers who are authorized to sign this form are defined in RCW 50A.05.010 and WAC 192-500-090. Generally, "healthcare provider" means:

- A physician or an osteopathic physician who is licensed to practice medicine or surgery, as appropriate, by the state in which the physician practices;
- Nurse practitioners, nurse-midwives, midwives, clinical social workers, physician assistants, podiatrists, dentists, clinical psychologists, optometrists, and physical therapists licensed to practice under state law and who are performing within the scope of their practice as defined under state law by the state in which they practice.

#### Instructions

Complete sections 1-4. The designated authorized representative and healthcare provider must both sign this form. Include this form with the completed application for Paid Family and Medical Leave benefits.

### Questions?

If you have any questions, please contact us at 833-717-2273 or [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov).

## Designated authorized representative

A designated representative is someone whom you appoint and authorize to act on your behalf and represent you to complete the administrative requirements necessary for receiving Paid Family and Medical Leave benefits. A designated representative is allowed to provide and obtain personal information regarding your application for Paid Family and Medical Leave and any benefits you may receive. By designating a representative, you are authorizing us to disclose your information to the individual named in section two of this form.

<b>Section one: Employee information</b> <i>Information about the employee taking leave</i>	
Customer ID number (if known):	
Name:	
Date of birth:	
Address:	
Phone number:	
Email address:	
<b>Section two: Authorized representative information</b> <i>Information about the authorized representative</i>	
Name:	
Relationship to employee:	
Address:	
Phone number:	
Email address:	
<b>Section three: Authorization and signatures</b>	
<b>Employee's authorization:</b> <i>I designate and authorize the person listed in section two of this form to act on my behalf to complete the administrative requirements necessary for receiving Paid Family and Medical Leave benefits.</i> <i>Note: Use section four if the employee is unable to sign this form</i>	
Signature:	Date:
<b>Authorized representative's attestation:</b> <i>I declare under penalty of perjury that the information provided in this form is true and correct and that I am acting in the best interests of the patient by completing this form.</i>	
Authorized representative name:	
Authorized representative signature:	Date:

If an employee applying for leave is incapable of designating an authorized representative, a healthcare provider may do so on their behalf. This form must be signed by a healthcare provider attesting that their patient is incapable of completing the administrative requirements necessary for receiving Paid Family and Medical Leave benefits and is unable to designate an authorized representative to act on the patient's behalf. The healthcare provider must also attest that they are acting in the patient's best interest.

<b>Section four: Provider's information and certification</b>	
<i>To be completed by a healthcare provider as defined in RCW 50A.05.010. Serious health condition is defined in RCW 50A.05.010. Answer all questions fully and completely. Please be sure to sign the form.</i>	
<b>Patient's name:</b>	<b>Date of birth:</b> ____ / ____ / ____
<b>Does the patient have a serious health condition and are they incapable of designating an authorized representative?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>I declare under penalty of perjury that:</i> <ul style="list-style-type: none"> <li>• The patient listed on this form is incapable of completing the administrative requirements necessary for receiving Paid Family and Medical Leave benefits and is unable to designate an authorized representative to act on their behalf;</li> <li>• I am acting in the patient's best interests by completing this form; and</li> <li>• The information provided in this form is true and correct and I am a healthcare provider authorized to certify their condition [RCW 50A.05.010; WAC 192-500-090].</li> </ul>	
<b>Signature:</b>	<b>Date:</b>
<b>Name and title:</b>	
<b>Certificate license and state:</b>	
<b>License area/area of practice:</b>	
<b>Business name:</b>	
<b>Address:</b>	
<b>Phone number:</b>	
<b>Email address:</b>	