Participant Designated Representative Form

Participant Last Name: ________________________________ First Name: ___________________

Participant ID:________________

This form only needs to be completed if someone other than the Common Law Employer (CLE) or Participant will be performing Employer responsibilities on behalf of the CLE/Participant.

Acknowledgement:

I understand that I may designate a Designated Representative to assist me with my responsibilities as a Common Law Employer (CLE). **My Designated Representative may not act as my Direct Care Worker (DCW)**.

I understand that if I choose a Designated Representative, I am not giving up any of my decision-making authority. I understand that I may change my mind and revoke my Designated Representative at any time by notifying Tempus Unlimited, the provider of my Fiscal/Employer Agent services.

I want to designate the following individual as my Designated Representative:

Last Name: ________________________________ First Name: ____________________________

Address: ____

City: ____ State: _______ Zip Code: ____________

Date of Birth: _____________________ Social Security Number: ____________________________

Mobile Phone: _____________________________ Alternate Phone: _________________________

Email: ____

Tempus Unlimited, Inc. | 600 Technology Center Drive | Stoughton, MA 02072
Phone: 1-844-983-6787 | Fax to 1-833-583-6787 | Email: PAFMS@tempusunlimited.org

I have discussed with my designee the specific assistance that I would like from my Designated Representative. My Designated Representative understands that a member of my Community HealthChoices support team may make contact regarding my services.

____ ___________________

Common Law Employer/Participant Signature Date

Designated Representative Agreement

I agree to serve as the above Participant's Designated Representative. My signature confirms that I am not a Direct Care Worker for this participant and that I will notify Tempus Unlimited if I am no longer eligible, willing, or able to be the Designated Representative.

____ ___________________

Designated Representative Signature Date

Please Note: This form is only required if someone other than the Common Law Employer or Participant will be performing Employer responsibilities on behalf of the CLE/Participant.

FAX FORM TO: 1-833-5TEMPUS (1-833-583-6787) or EMAIL TO: PAFMS@tempusunlimited.org

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