



## Claimant-Designated Representative Form Instructions

### INSTRUCTIONS

Complete and **physically** sign this form if you would like to choose a **claimant-designated representative** who can act on your behalf for a Paid Leave Oregon claim.

You do not need a representative to receive Paid Leave benefits. Only fill out this form if you want a representative.

Completing this form gives Paid Leave permission to provide the following information to your claimant-designated representative:

- Information about any benefits you have received or will receive
- Information provided in your initial application
- Information about any pending or issued decisions we made on a claim

It also gives the representative permission to take the following actions on your behalf:

- Provide information to Paid Leave, including information needed to complete a claim for benefits
- File a new claim for benefits on your behalf

If you wish, your claimant-designated representative may also request a hearing to review a Paid Leave decision and appear in a hearing before the Office of Administrative Hearings on your behalf.

**Please provide all required information. Missing information can cause a delay in processing your request. All signatures on this form must be handwritten. We cannot accept electronic signatures.**

You may only have one claimant-designated representative at a time.

To select a claimant-designated representative who can act on your behalf, fill out Part A through C of this form.

- **Part A:** Complete this section with your information.
- **Part B:** Complete this section with your selected representative's information  
**Note:** The person you choose must be 18 years or older.
- **Part C:** Complete this section with the authorization start and end date and tell us if you want your representative to be able to request and attend a hearing about a Paid Leave decision on your behalf.

Your representative's authorization automatically ends when your benefit year ends, or if you or your representative do not send an application for Paid Leave benefits within 30 days of the department approving your representative. In the event of the claimant's death, the authorization will end on the date of death.

You and your selected representative must also physically sign and date this section. We cannot accept electronic signatures.

The fastest and easiest way to send this document is through France Online. Claimants can upload completed forms through Frances Online at [frances.oregon.gov](http://frances.oregon.gov) or mail them to the address below:

**Attn: Paid Leave Oregon**  
**Oregon Employment Department**  
**875 Union St NE**  
**Salem, OR 97311**

### **Need help?**

This information is vital. The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 833-854-0166 (toll-free). TTY users call 711. You can also send an email to [access.paidleave@oregon.gov](mailto:access.paidleave@oregon.gov).



## Claimant-Designated Representative Form

### PART A - CLAIMANT INFORMATION

First name:	Last name:
Social Security Number (SSN): _____ or	
Individual Taxpayer Identification Number (ITIN): _____	
Date of birth (MM/DD/YYYY): / /	Phone number:
Physical address:	Mailing address (If different from physical address):

Email address (optional):

### PART B – CLAIMANT-DESIGNATED REPRESENTATIVE INFORMATION

First name:	Last name:
Date of birth (MM/DD/YYYY): / /	Relationship to claimant:
Physical address:	Mailing address (If different from physical address):
Phone number:	Email address (optional):

### PART C - CLAIMANT AND CLAIMANT-DESIGNATED REPRESENTATIVE AUTHORIZATION AND SIGNATURE

I would like the claimant-designated representative to be able to request a hearing to review a Paid Leave decision and to appear in a hearing before the Office of Administrative Hearings on my behalf.

This authorization is valid from (MM/DD/YYYY): / / through: / /

All authorizations will automatically end with the claimant's current benefit year. If the claimant or the claimant-designated representative do not send an application for Paid Leave benefits within 30 days of the department approving the representative, the authorization will end. In the event of the claimant's death, the authorization will end on the date of death.

**Claimant certification:** I understand the purpose of this authorization. I am signing on my own and have not been pressured to do so. I understand that I can revoke this authorization at any time.

Claimant signature: \_\_\_\_\_ Date: / /

**You must physically sign this form. We cannot accept electronic signatures.**

**Claimant-designated representative certification:** I am acting in the best interest of the claimant and will maintain confidentiality of any information I receive from Paid Leave Oregon on behalf of the claimant.

Claimant-designated representative signature: \_\_\_\_\_ Date: / /

**You must physically sign this form. We cannot accept electronic signatures.**