



Alternate Reporter Request

Beneficiary name _____

Social security number _____

I want to appoint an “alternate reporter” to get **copies** of notices about my benefits from the Economic Services Division (ESD) of the Department for Children and Families (DCF). I understand ESD will send copies of all mailings about my benefits, except the bills for my monthly health care premiums, to my alternate reporter.

I understand that because ESD will not send my premium bills to my alternate reporter, I am responsible for paying them on time.

I understand my alternate reporter may help me understand notices ESD sends me, may remind me to pay my premium bill, and may also respond to department requests and provide information to ESD for me.

Please send copies of all mail about my ESD benefits except the bills for my health care premiums to:

Name _____

Mailing address _____

Telephone _____

I understand that I can change who my alternate reporter is or stop this authorization at any time by notifying ESD either orally or in writing.

Beneficiary signature

Date

To be completed by the alternate reporter:

I agree to be the alternate reporter for _____, and I accept the responsibilities. I understand these responsibilities include, but are not limited to, helping the above-named beneficiary understand ESD notices and reminding him or her to pay ESD premium bills on time.

Alternate reporter signature

Date

Please return this form to: DCF/Economic Services Division
Application and Document Processing Center
103 South Main Street
Waterbury, VT 05671-1500

**For more information, call the Benefits Service Center at: 1-800-479-6151
(TTY 1-888-834-7898)**