Vermont Department for Children and Families
Economic Services Division

139AR

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, including the bills for my monthly health care premiums, to my alternate reporter.

Although ESD will send a copy of my premium bills to my alternate reporter, I understand that I am responsible for paying them on time.

I understand my alternate reporter may help me to understand notices ESD sends me, and may remind me to pay my premium bill.

Please send copies of all mail about my ESD benefits including 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
280 State Drive
Waterbury, VT 05671-1500

For more information, call the Benefits Service Center at: 1-800-479-6151
(For the Deaf or hard of hearing: dial 711)

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