The Commonwealth of Kentucky

kynect
benefits

Quick Reference Guide

Add, Edit, and Remove an Individual Authorized Representative

This Quick Reference Guide is designed to help users complete the steps required to add, edit, and remove an individual as an Authorized Representative in kynect benefits.

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> **Please Note**: Residents who still need help after referencing this Quick Reference Guide can call **(855) 459-6328** for additional assistance.
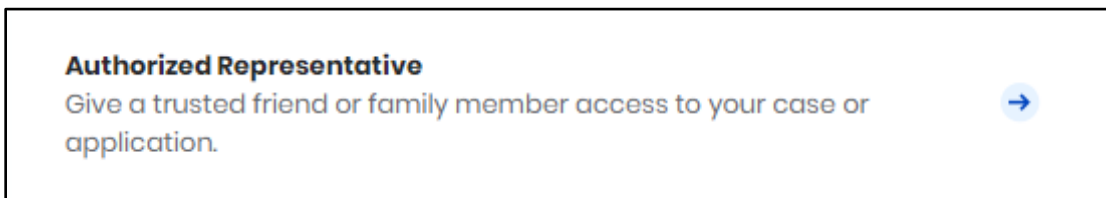
Authorized Representative Overview

Authorized Representatives are appointed to manage designated benefits on behalf of a Resident. Authorized Representatives can be friends, family members, providers, or attorneys. Residents can give an Authorized Representative permission to complete any of the following actions on their behalf in kynect benefits:

- **Apply for Benefits**

- **Report a Change in information**

- **Recertify Benefits Application**

- **Receive a Copy of Notices**

- **Request an EBT Card**

- **View Messages, Notifications, and To-Do's**

To add an Authorized Representative through kynect benefits, the Resident must first log in and navigate to the **Get Local Help** screen.

Ways to Access the Get Local Help screen

1. Click **Get Local Help** on the **menu** icon that is found in top left of a **mobile device** screen, or click **Get Local Help** on the **top** menu while using a computer.

2. Click the **Reps, kynectors, & Agents** tile on the **Resident Dashboard**.

3. Complete the *Reps, kynectors, & Agents* section in the **Benefits Application**.

Authorized Representative
Give a trusted friend or family member access to your case or application.
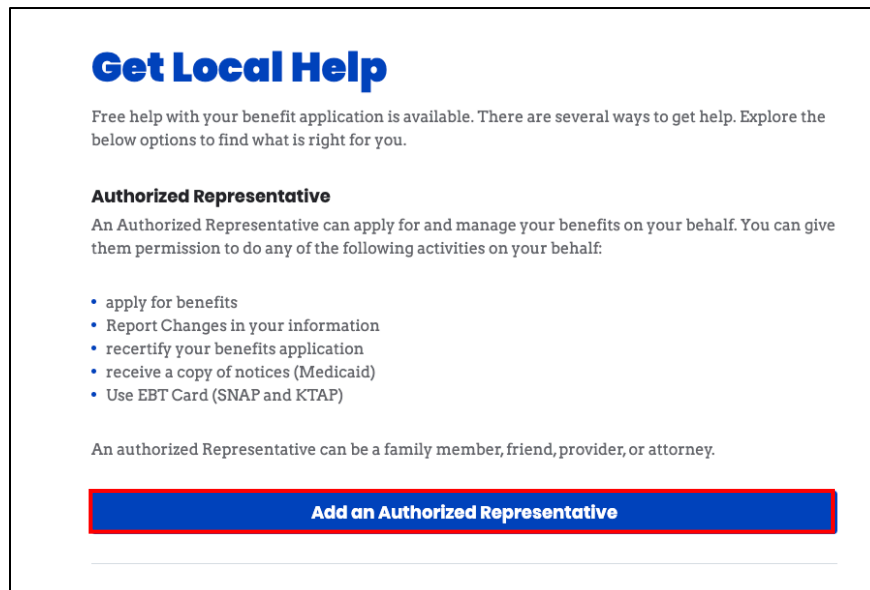
Adding an Authorized Representative

Below are the steps to add an individual as an Authorized Representative from the **Dashboard**.

Steps to Add an Authorized Representative

1. Click **Get Local Help** on the **top** menu of the **Dashboard** on a computer or from the **menu** icon on a mobile device.
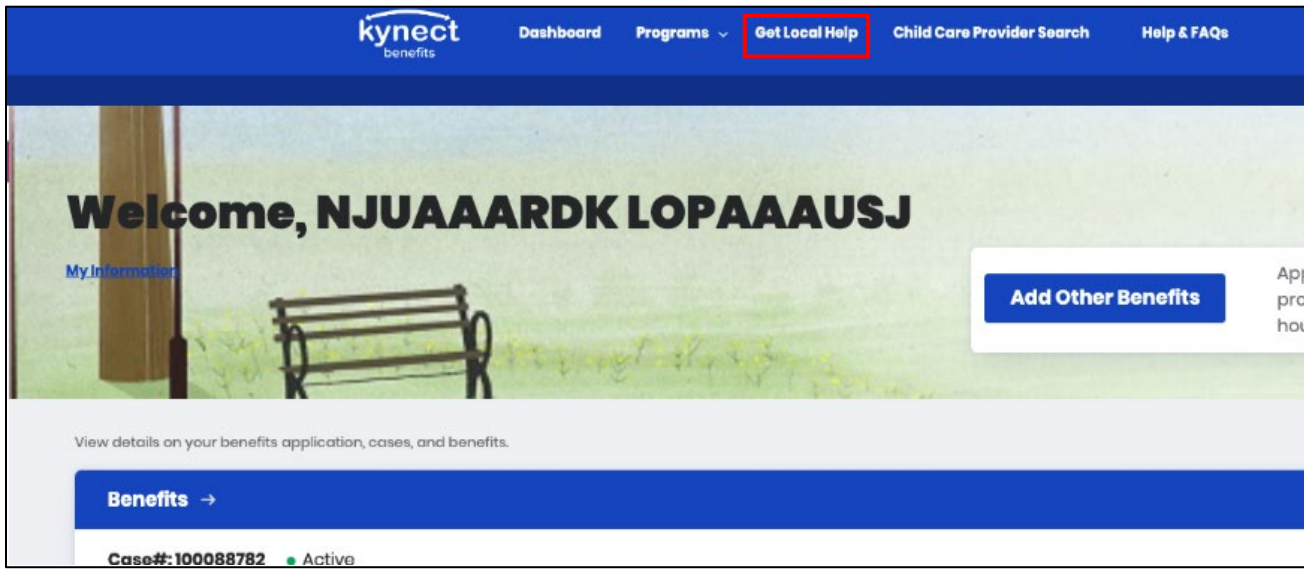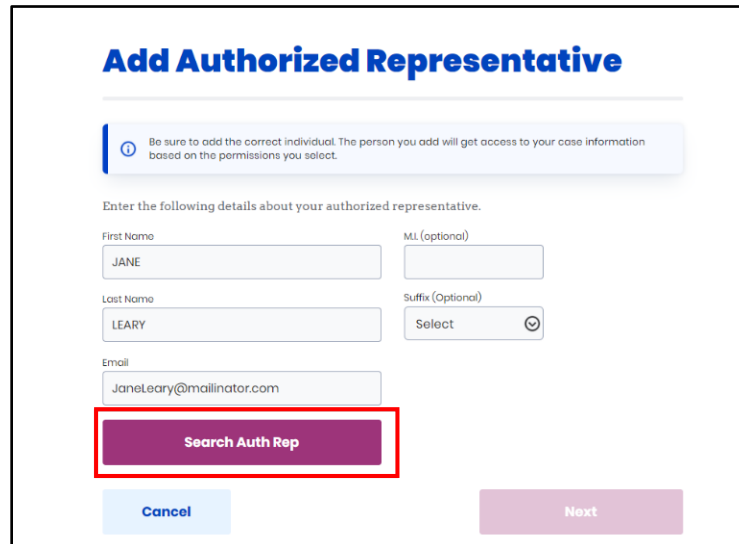

2. Click the **Add an Authorized Representative** button to continue to the **Authorized Representative** search tool.

> 🔴 **Please Note**: Authorized Representatives can only be added after logging into kynect benefits. If you need additional assistance adding Authorized Representatives please call **(855) 459-6328.**

3. Enter the Authorized Representative's **First Name**, **Middle Initial** (optional), and **Last Name**.

4. Enter the Authorized Representative's **Email**.

5. Click **Search Auth Rep**.

> 🔴 **Please Note**: The **Continue Entering Information** pop-up appears to manually enter the information if the individual is not found in the system.
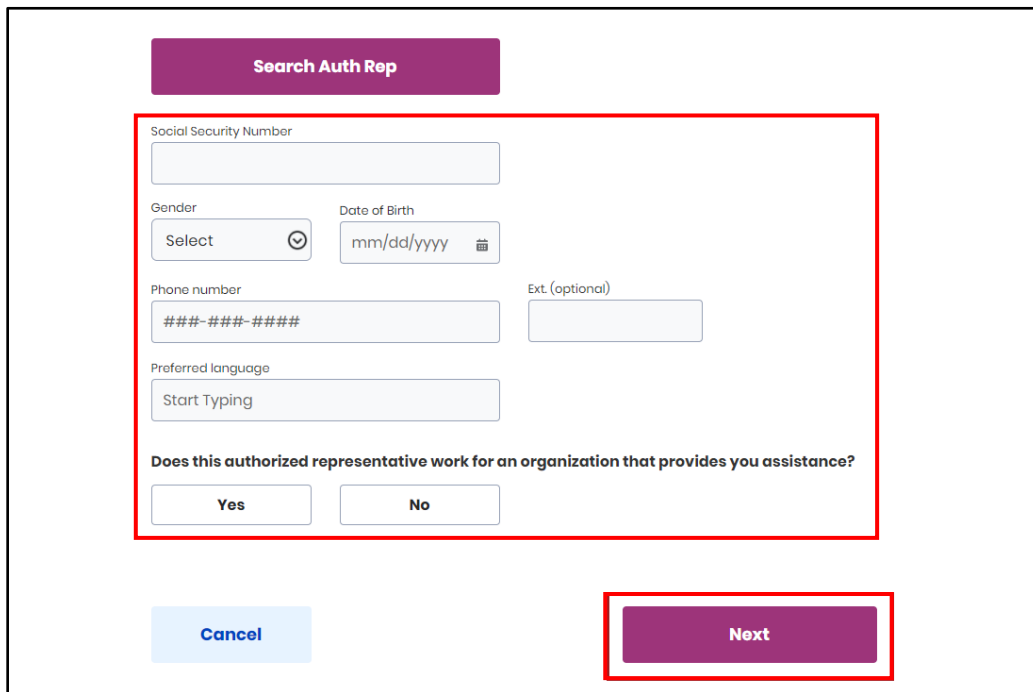
6. Enter **Social Security Number**.

7. Select **Gender**.

8. Enter **Date of Birth**.

9. Enter a **Phone Number**.

10. Select a **Preferred language**.

11. Select **Yes** or **No** to **Does this authorized representative work for an organization that provides you assistance?**.

   • If **Yes**, the user is prompted to enter **the Organization Name** and **Organization ID** (reference the Add an Organization Authorized Representative QRG on the kynect benefits home page).

> **Please Note**: Reference the **Add an Organization Representative quick reference guide** for more details about adding Organization Authorized Representatives.

12. Click **Next**.

13. Select a response from the **How is this person related to you?** drop-down.

14. Enter an **Address**.

Add Authorized Representative

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

How is this person related to you?

Select

Address

Address Line 2

I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B(

Please indicate the programs and level of access you would like to grant your Authorized Representative.

Which program(s) do you want this authorized representative to have access to?

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

QHP (Medical and Dental Insurance plans without payment assistance)

15. Select the programs that the Authorized Representative is requesting access to.

16. Click **Next**.

17. Read the **Terms of Agreement** on the **Authorized Representative Consent** screen.

18. Enter **First Name**, **Middle Initial**, and **Last Name** to sign.

Please Note: The signature must match the Individual's information in kynect benefits or it will not be able to be submitted.

19. Click **Submit Authorized Representative**.

Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Terms of Agreement

1. I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.

2. I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences. I understand this includes prosecution for fraud, losing benefits, and paying back benefits.

By entering your name below, you are electronically signing this form.

First Name: James

M.I.:

Last Name: Leary

Suffix: Select

Date: 8/24/2020

Cancel   Back   **Submit Authorized Representative**

20. View the **Authorized Representative** for the Resident.

Authorized Representative

An Authorized Representative can apply for and manage your benefits on your behalf. You can give them permission to do any of the following activities on your behalf:

- apply for benefits
- Report Changes in your information
- recertify your benefits application
- receive a copy of notices (Medicaid)
- Use EBT Card (SNAP and KTAP)

An authorized Representative can be a family member, friend, provider, or attorney.

DAN SMITH
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC),QHP (Medical and Dental Insurance plans without payment assistance)
Application #: 600607004

⊕

Add an Authorized Representative

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Editing an Authorized Representative's Information

Authorized Representative information can be found in two places after they have been added into kynect benefits:

- Click the **Authorized Representative** link on the **Reps, kynectors, & Agents** tile on the **Resident Dashboard**.
- Click **Get Local Help** on the **top** menu of the **Resident Dashboard** or the **menu** icon on a mobile device.

Below are the steps to edit an Authorized Representative's information.

Steps to Edit Authorized Representative Information

1. Click **Get Local Help** on the **top** menu of the **Dashboard** on a computer or **Get Local Help** from the **menu** icon on a mobile device.

2. Click the **Expand** icon by the Authorized Representative's name.

Authorized Representative

An Authorized Representative can apply for and manage your benefits on your behalf. You can give them permission to do any of the following activities on your behalf:

- apply for benefits
- Report Changes in your information
- recertify your benefits application
- receive a copy of notices

An authorized Representative can be a family member, friend, provider, or attorney.

JANE GLOVER
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
Case #: 112835857   ⊕

Add an Authorized Representative

3. Click **Edit**.

An authorized Representative can be a family member, friend, provider, or attorney.

JANE LEARY
Medicaid/KCHIP,SNAP (Food Assistance)
Case #: 112255097

⊖

Permission Details

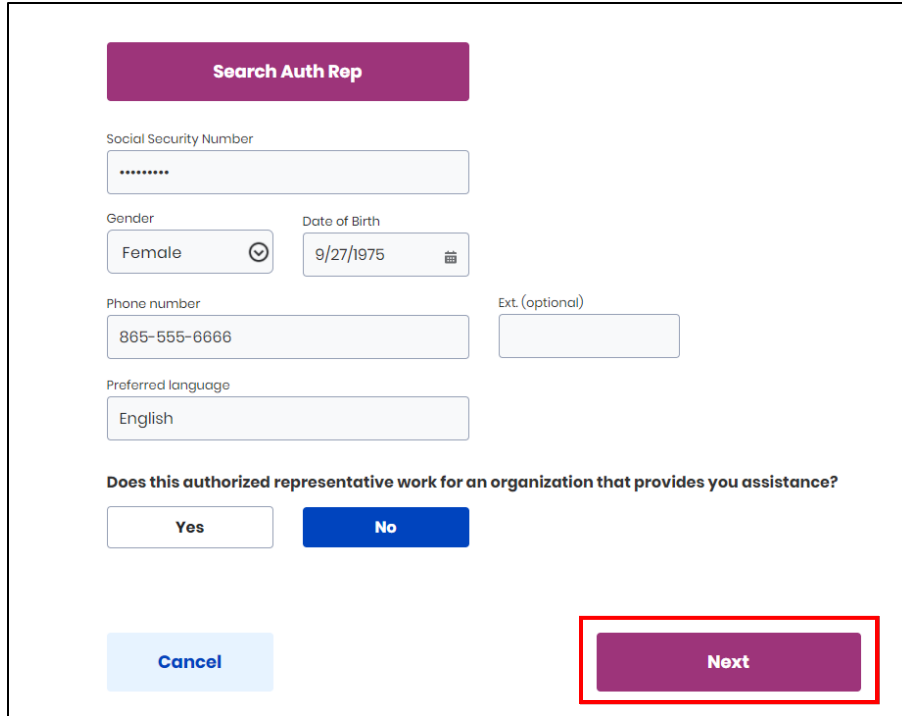| Medicaid/KCHIP Case # 112255097 | Apply, Report Changes , Recertify |
| SNAP (Food Assistance) Case # 112255097 | Use EBT Card |

Contact Information

Phone
865-555-6666

Email
jane.leary@mailinator.com

Address
123 TRAINING ADDRESS, Allen, LEXINGTON, Kentucky, 40502

Edit

Remove

Add an Authorized Representative

4. Edit any new information for the Authorized Representative.
5. Click **Next**.

6. Confirm relationship on the *How is this person related to you?* drop-down.

7. Confirm *Address*.

8. Select the programs that the Authorized Representative is requesting access to.

9. Click **Next**.

10. Read the **Terms of Agreement** on the **Authorized Representative Consent** screen.

11. Enter **First Name**, **Middle Initial**, and **Last Name** to sign.

12. Click **Submit Authorized Representative**.

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Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Terms of Agreement

1. I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.

2. I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences. I understand this includes prosecution for fraud, losing benefits, and paying back benefits.

By entering your name below, you are electronically signing this form.

First Name
James

M.I.

Last Name
Leary

Suffix
Select

Date
8/24/2020

Cancel   Back   **Submit Authorized Representative**

Remove an Authorized Representative

Below are the steps to remove an Authorized Representative.

Steps to Remove an Authorized Representative

1. Click **Get Local Help** on the **top** menu of the **Dashboard** on a computer or **Get Local Help** from the **menu** icon on a mobile device.

2. Click the **Expand** icon by the Authorized Representative's name.

Authorized Representative

An Authorized Representative can apply for and manage your benefits on your behalf. You can give them permission to do any of the following activities on your behalf:

- apply for benefits
- Report Changes in your information
- recertify your benefits application
- receive a copy of notices (Medicaid)
- Use EBT Card (SNAP and KTAP)

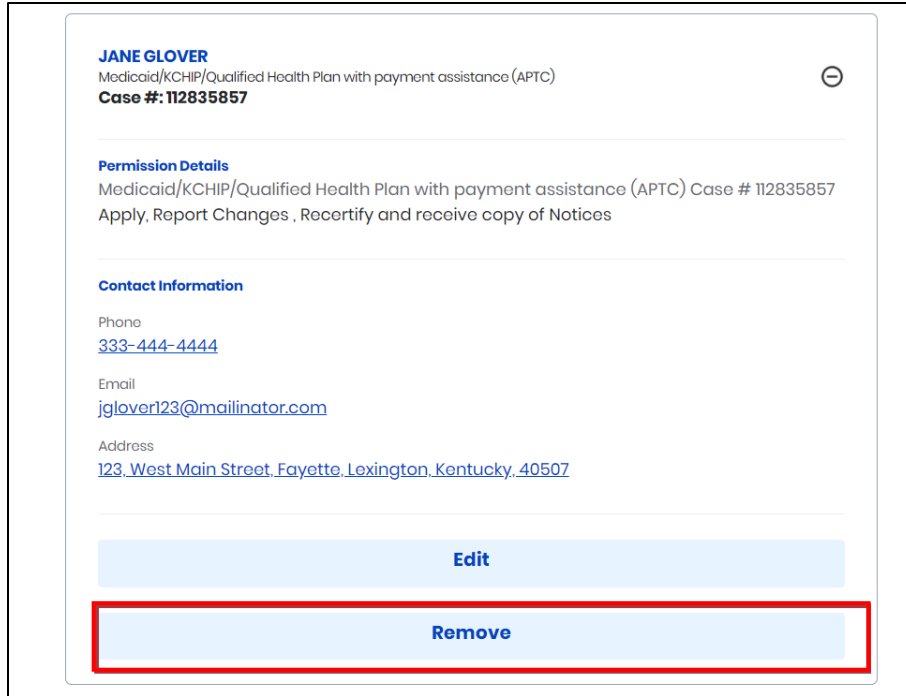An authorized Representative can be a family member, friend, provider, or attorney.

DAN SMITH
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC),QHP (Medical and Dental Insurance plans without payment assistance)
Application #: 600607004

Add an Authorized Representative

3. Click **Remove**.

JANE GLOVER
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
Case #: 112835857

Permission Details
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC) Case # 112835857
Apply, Report Changes , Recertify and receive copy of Notices
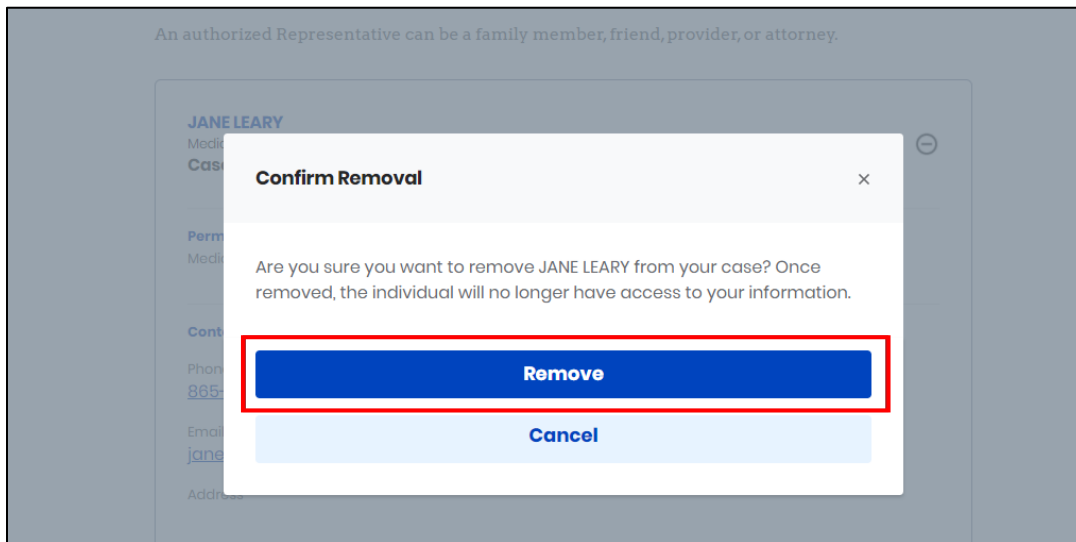
Contact Information
Phone
333-444-4444

Email
jglover123@mailinator.com

Address
123, West Main Street, Fayette, Lexington, Kentucky, 40507

Edit

Remove

4. Click **Remove** to confirm removal of the representative from the case.

An authorized Representative can be a family member, friend, provider, or attorney.

JANE LEARY

Confirm Removal   ×

Are you sure you want to remove JANE LEARY from your case? Once removed, the individual will no longer have access to your information.

Remove

Cancel

Please Note: Once removed, the individual no longer has access to the Resident's information.