

If you prefer, you can fill in and submit the Authorized Representative Designation (ARD) Form online using any version of Adobe Acrobat, including the free version of [Adobe Reader](#).

Once you have filled in all the required information, you can submit your application electronically. You must include a valid email address for yourself and your authorized representative(s). These email addresses will be sent to MassHealth but we will not keep them in your records.

Once you've submitted the form, you and your authorized representative(s) will get an email from Adobe Sign with a link you can click to sign the form electronically. This document will not be sent to MassHealth until you and any authorized representative(s) have signed electronically. If you do not all sign within 7 days, you and/or your authorized representative(s) will get a reminder email. If you do not all sign within 15 days, the application will be deleted and not submitted to MassHealth.

Once all signatures have been received, you and your authorized representative(s) will get an email from Adobe Sign with a PDF copy of the form for your records.

**Important:**

Please double-check all email addresses before submitting so emails will be sent to the right person.

You can also include a personal message to your authorized representative(s) when submitting this application. If you include a message, be careful what you share, and do not include things like your Social Security number or health information.

Only the Section I form can be submitted using Adobe Sign. If you are completing the Section II or Section III ARD Form, please print it and mail or fax it to us at the address or fax number on page 4 of the form.