



Personal Representative Request

The purpose of implementing a Personal Representative is to enable another individual to act on your behalf with respect to:

- making decisions about your health benefits,
- requesting and/or disclosing your private health information, and
- exercising all of the rights you have under your health benefit plan.

A Personal Representative may either be legally appointed, or designated by a Member to act on his or her behalf:

- When a Personal Representative has been legally appointed, the Personal Representative should complete and sign this form. Supporting legal documentation, such as a power-of-attorney that indicates full health care decision-making authority or guardianship papers, must be submitted with this form.
- When a Personal Representative is being designated by a Member, the Member needs to sign this form in the presence of a Notary Public.

VERIFICATION – (Please Print)

Identification of Member:

(The following information is needed for verification.)

Name of Member: _____ Date of Birth: _____

Phone Number where we can reach you if we need to contact you to process your request: _____

Member's Social Security #: _____ Member ID card number: _____

Group or Account # on ID card: _____

Insured's Name (if different from Member): _____

Insured's Relationship to Member: _____

Insured's Employer Name: _____

Insured's Social Security # (if different from Member): _____

Identification of Personal Representative:

Name of Personal Representative (only one person can be named): _____

Relationship to Member: _____

Date of Birth of Personal Representative: _____

Address where communications about this Member should be sent:

What is the reason for this request?
