

MIDWEST OPERATING ENGINEERS WELFARE FUND

Personal Representative Form

I, _____ (Name of Participant), residing at

_____ (Mailing Address), at
(____) _____ (phone number), hereby designate*: _____
(Name of adult (18 years or older) appointed as Personal Representative), residing at

_____ (mailing address) at (____) _____
(Phone number), to act on behalf of _____ as described below.

* If you would like to designate more than one individual as a Personal Representative please provide their Name, Mailing Address Phone Number and signature on the back of this form.

POLICY OF PERSONAL REPRESENTATIVES

I authorize my Personal Representative to act on my behalf to:

- Receive Protected Health Information (PHI) and any information that is (or would be) provided to me as a participant/beneficiary of the Welfare Fund, including but not limited to, any information that relates to any claim(s) for coverage or benefits under the Midwest Operating Engineers Welfare Fund (Welfare Fund), and
- Enforce any individual rights that I have regarding my PHI under the Health Insurance Portability Accountability Act of 1996 (HIPAA).

I understand that this designation is subject to approval by the Welfare Fund. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Fund Office. A divorce will automatically revoke the right of the ex-spouse if the Welfare Fund is notified and provided the applicable divorce decree.

I certify that I have reviewed the Welfare Fund’s Policy for Recognition of Personal Representative.

Participant Signature

Date

____-____-____-____
PHI- PIN Code*

MEMBER MEDICAL ID #

Personal Representative Signature

Date

***PHI-PIN CODE IS A FOUR-DIGIT NUMERICAL CODE (CODES WITH ALPHA LETTERS WILL NOT BE ACCEPTED) CODE THE PARTICIPANT CREATES, AND THE PERSONAL REPRESENTATIVE WILL NEED TO REMEMBER WHEN CALLING OUR OFFICE ON BEHALF OF THE PARTICIPANT LISTED ABOVE. THE PARTICIPANT WILL ONLY HAVE ONE PHI-PIN CODE, IF MULTIPLE PERSONAL REPRESENTATIVES ARE DESIGNATED THE SAME PHI-PIN CODE WILL NEED TO BE USED. ONCE A PHI-PIN CODE HAS BEEN ASSIGNED TO A PARTICIPANT, NO INFORMATION WILL BE RELEASED TO THE AUTHORIZED CALLER(S) WITHOUT THE PHI-PIN CODE.**

ADDITIONAL PERSONAL REPRESENTATIVE DESIGNATIONS

2. _____
Participant Signature Date PHI- PIN Code* _____
- _____ **MEMBER MEDICAL ID #** _____
- _____ _____
Personal Representative Signature Date
3. _____
Participant Signature Date PHI- PIN Code* _____
- _____ **MEMBER MEDICAL ID #** _____
- _____ _____
Personal Representative Signature Date
4. _____
Participant Signature Date PHI- PIN Code* _____
- _____ **MEMBER MEDICAL ID #** _____
- _____ _____
Personal Representative Signature Date

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