



Significa
INSURANCE GROUP INC.

Personal Representative Form

This form identifies the person who has legal authority to act on a member's behalf in making decisions related to the member's health care. This provision applies to persons with legal guardianship, power of attorney, or other documented legal authority to act on behalf of a member. Please see the back of the form for an explanation of a Personal Representative.

Section A: Member Information (Please print the name of the member who is appointing a Personal Representative.)

Name: (Last, First, Middle Initial, Last, Title [Sr., Jr., III.])

Date of Birth: (Month/Day/Year)

Address: (Please include Street, City, State, and ZIP Code)

Member ID: (Please include any letters in front or in back of your ID number)

Telephone:

Section B: Personal Representative Information (Please print the name of the person you are appointing as your Personal Representative.)

Name: (Last, First, Middle Initial, Last, Title [Sr., Jr., III.])

Telephone:

Address: (Please include Street, City, State, and ZIP Code)

Relationship to Member:

Section C: Documentation (A copy of a Power of Attorney or other court-initiated document must be attached to this form in order for it to be processed. Attach supporting documentation and describe the type of documentation you have enclosed. For example: Power of Attorney for health care decisions, Custodial Order or Executor of Estate.)

Type of Documentation:

Section D: Signature of Member or Personal Representative with Existing Legal Authority

I hereby swear that I am the Member listed above or that I have the legal authority to appoint a representative for the Member listed above. I appoint the Personal Representative above to act on my behalf for the matter or purpose listed in the documentation. I am confirming that Significa Insurance Group, Inc. may disclose to the personal representative named in this form my protected health information for the matter or purpose described in this form.

Signature: _____
Member/Personal Representative
(MUST complete form before signing)

Date: _____

Section E: Signature of Personal Representative Being Appointed

I hereby accept the above appointment. I understand that federal and/or state confidentiality laws protect any protected health information disclosed to me and I am prohibited from making any further disclosures without the specific written authorization of the Member.

Personal Representative: _____

Date: _____

Please forward this completed form to:

Privacy & Security Office
19 North Main Street
Wilkes-Barre, PA 18711

PLEASE KEEP A COPY OF THIS REQUEST

Personal Representative Information

- Your health plan will disclose PHI to an individual's Personal Representative upon written verification of such status. Acceptance of a Personal Representative will depend on the extent of their legal authority to make health-related decisions on behalf of the individual, such as whether they have Power of Attorney or guardianship.
- A parent of a minor is generally considered a minor's Personal Representative unless otherwise required by applicable law. If the parent is not insured by your health plan, he/she will need to submit documentation to verify his/her parental status.
- Your health plan will recognize as a Personal Representative an executor, administrator, or a person recognized by law as having authority to act on behalf of a deceased individual or the individual's estate. You will need to provide one of the following: Short Certificate, Letters Testamentary (Executor), and Letters of Administration (Administrator).
- A Personal Representative designation will remain in effect until the individual, a court order, or an applicable law revokes it.
- To assist your health plan in responding to this request, please complete this form by printing or typing into the spaces provided. Attach additional pages if necessary to clarify your request.
- Mail the completed form and supporting documentation to:

Significa Insurance Group, Inc.
Attention: Privacy & Security Office
19 N. Main Street
Wilkes Barre, PA 18711