



APPOINTMENT OF PERSONAL REPRESENTATIVE

I & II: MEMBER DATA & NATURE OF REQUEST FOR PERSONAL REPRESENTATIVE:
To be completed by MEMBER/ claimant or patient covered under PCCD Group Plan.

III PERSONAL REPRESENTATIVE INFORMATION:
To be completed by DESIGNEE

I. MEMBER DATA

Personal Representative is requested for: *(List only one individual per form)*

Relationship to Patient or Employee or Dependent covered under the PCCD Group Plan

____ Self ____ Dependent

Member's Name: _____

Member's ID Number: _____

Group/Policy Number: _____

Member's Address: _____

Member's City/State/Zip: _____

Member's Telephone No.: _____

Member's Email: _____

II. NATURE OF REQUEST FOR PERSONAL REPRESENTATIVE

An individual has a right to appoint a Personal Representative to act on their behalf for the purpose of making decisions regarding their enrollment/disenrollment, coverage and benefits as well as request, access or receive Personal Health Information (PHI)/ Personally Identifiable Health Information (PII) about them or they may designate an individual to discuss information related to claims but not to make decisions or changes regarding the member or dependents. Check as many as apply.

A. I **appoint** _____ as my Personal Representative to make decisions or changes about my enrollment/disenrollment, coverage and benefits, or to request, access or receive PHI/PII about myself and/or minor child _____.

B. I **authorize** _____ to act as my Authorized Personal Representative to discuss information related to coverage, benefits, eligibility, claims, etc. about myself and/or _____.

C. I **authorize** _____ to discuss, on my behalf, my PHI/PII for the below condition or claim:

All individuals 18 and older or otherwise emancipated by a court of law are required to complete and sign their own personal representative form. Peralta Community College District Benefits Office cannot grant the request for an appointment/authorization without their written request.

Appointments/authorizations shall be effective until Peralta Community College District Benefits Office is notified in writing to end the appointment/authorization.

Member's/Requestor's Signature: _____ Date: _____

Requestor's Printed Name: _____

III. PERSONAL REPRESENTATIVE INFORMATION

Name of Personal Representative (please print): _____

Relationship to Insured: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

I _____, agree to the designation of the Member/Requestor noted above. This authorization is non-transferable.

Date: _____

Mail Completed Form To:
Peralta Community College District
Benefits Office
333 E 8th Street
Oakland, CA 94606