

Personal Representative Designation Form

Instructions

Please fill out this form to appoint a personal representative to act on your behalf in discussing your health information and benefit coverage through UPMC Health Plan, Inc./UPMC Health Network, Inc./UPMC Health Benefits, Inc.

Your privacy is important to us. Please take a moment to provide the requested information about yourself and the person you are designating to act on your behalf concerning your health care benefits. Once you return this completed, signed, and dated form to us, we can verify your request, adjust our records accordingly, and speak to your personal representative.

Please read this form carefully, and fill it out completely. Please print or type. If printing, please use a pen.

1 Required Information		Member ID number:
Member name:	Date of birth:	
Member address:		
Address of policyholder, <i>if different from above</i> :		
Phone number <i>(in case we need to contact you)</i> :		
Name of member's designated representative:	Phone:	
Address:	Fax:	
Any limitations on issues your personal representative may discuss? If yes, please specify <i>(example: claims payment, pharmacy, etc.)</i> :		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you do not want this designation to expire, leave this section blank. If you do want it to expire, write in the expiration date here:		

2 Required Signatures

Personal Representative Signature: _____ Date: _____

Member Signature: _____ Date: _____

In the event that the member is a minor or otherwise legally incompetent, please provide the name, address, and relationship to the member of the person who is signing the designation letter.

Name: _____ Relationship: _____

Address: _____

Please return this completed form by mail to:

UPMC Health Plan
 P.O. Box 2965
 Pittsburgh, Pennsylvania 15230-2965

or by fax to:

412-454-7829

In this document, the term "UPMC Health Plan" refers to benefit plans offered by UPMC Health Network, Inc., and UPMC Health Benefits, Inc., as well as UPMC Health Plan, Inc.

If you have any questions about this Personal Representative Designation Form, please call the Member Services Department at the telephone number on the back of your member ID card.