



## STATE EMPLOYEE HEALTH PLAN (SEHP) Appointment of Personal Representative

<b>Member Information</b>		
<b>Member, Spouse or Dependent Names</b> <small>(LAST, FIRST, MI)</small>	<b>Mailing Address</b> <small>STREET ADDRESS CITY, STATE, ZIP</small>	<b>Phone Number</b> <small>Including Area Code</small>
<b>Member ID number or Social Security Number</b>		

<b>Personal Representative Information</b>			
<b>Personal Representative NAME (LAST, FIRST, MI)</b>	<b>Mailing Address</b> <small>STREET ADDRESS CITY, STATE, ZIP</small>	<b>Phone Number</b> <small>INCLUDING AREA CODE</small>	<b>Relationship to the Member</b>

I, the above named member, hereby designate the above named person, to act on my behalf or on behalf of my covered spouse and dependent(s).

I authorize my Personal Representative to act for me (and for my covered spouse and dependents, if named above,) in receiving any information that is (or would be) provided to me as a member of the SEHP, including but not limited to, any information that relates to my claim for coverage or benefits under the SEHP and any individual rights that I have regarding my protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

Or alternatively, <sup>1</sup> I authorize my Personal Representative to act for me, my covered spouse and dependents (if named above) in receiving protected health information to conduct the following functions on my behalf:

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I understand that this designation is subject to approval by the SEHP. I also understand that once approved, this designation will remain in effect indefinitely or until 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 SEHP.

I certify that I have reviewed the SEHP's Policy for designation of Personal Representative.

Member's Signature	Date
Personal Representative's Signature	Date
Please indicate the password to be used by the SEHP to identify your Personal Representative when they contact the SEHP.	Password:

<sup>1</sup> The SEHP may wish to use this paragraph to allow members and dependents to designate individuals to be a personal representative only for specific activities. The preamble to the privacy rules states that a personal representative must be treated as the individual only to the extent that PHI is relevant to the matters on which the personal representative is authorized to represent the individual. 65 Fed. Reg. 82500.