



APPOINTMENT OF PERSONAL REPRESENTATIVE

I. MEMBER DATA

Personal Representative is Requested For: *(List only one individual per form)*

Relationship to Member: ___ Self ___ Dependent

Member's Name: _____

Member's ID Number: _____

Group/Policy Number: _____

Member's Address: _____

Member's City/State/Zip: _____

Member's Telephone No.: _____

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.

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 _____.

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

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

All individuals 18 and older or otherwise emancipated by a court of law are required to complete and sign their own personal representative form. Trustmark Companies (Trustmark) cannot grant the request for an appointment/authorization without their written request.

Appointments/authorizations shall be effective from the date this form is signed and will stay in effect until Trustmark is notified in writing to end the appointment/authorization.



III. PERSONAL REPRESENTATIVE INFORMATION

Name of Personal Representative (please print): _____
Relationship to Insured: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____

Requestor's Signature: _____ **Date:** _____

Requestor's Printed Name: _____

Mail Completed Form To:
Privacy Officer
Privacy Security Office
Trustmark Companies
PO Box 7961
Lake Forest, IL 60045-7961