

**Personal Representative Designation Form**

**Instructions:**

We have received your request to appoint a personal representative to act on your behalf in discussing your health information and benefit coverage through UPMC Health Plan.

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 in the information requested. If printing, please use a pen.**

**1 Required Information:**

<b>Member name:</b>		
<b>Address of the member:</b>		
<b>Address of the policy holder (if different from above):</b>		
<b>Member's date of birth:</b>		
<b>Member's ID #:</b>		<b>Medicare #:</b>
<b>The name, address, and phone/fax numbers of the person the member is designating as his/her representative:</b>		
<b>Any limitations on issues your personal representative may discuss? (If yes, please specify - example: claims payment, pharmacy, etc.)</b>		
<b>Expiration date/event for this designation:</b> (If you do not want this personal designation to expire, leave this section blank.)		
<b>Phone Number:</b>		Please provide us with a telephone number in case we need to contact you about the information provided to us on this form.

**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 either by fax or by mail:**

- **Fax to: 412-454-7829**
- **Mail to:**  
**UPMC for Life**  
**P.O. Box 2965**  
**Pittsburgh, Pennsylvania 15230-2965**

**If you have any questions about this Personal Representative Designation form, please call our Member Services Department at the numbers listed below.**

**UPMC for Life members please call 1-877-539-3080, from 8 a.m. to 8 p.m., seven days a week. TTY/TTD users should call 1-800-361-2629.**

**UPMC for Life Specialty Plan members please call 1-800-606-8648, from 8 a.m. to 8 p.m., seven days a week. TTY/TDD users should call 1-800-407-8762.**

**From March 2 through November 14, you may receive a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day.**