



Electrical Welfare Trust Fund • Electrical Workers Local No. 26 Pension Trust Fund • Electrical Workers Local No. 26 Individual Account Plan • Local Labor Management Cooperation Committee

Appointment of Personal Representative

(NOTE: If you wish to designate a Personal Representative other than your spouse, please complete this form in full and return it to the Fund Office at the above address. Your spouse will be considered to be your Personal Representative unless you elect otherwise. Verification of the identity of your Personal Representative will be requested before the Fund Office releases any health information.)

I, _____ [Name of Participant or Beneficiary]

Mailing address: _____

Phone: (____) _____ ID Number: _____

hereby designate: _____ [Name of Authorized Representative]

Mailing address: _____

Phone: (____) _____ SSN: _____

Relationship to Participant or Beneficiary _____ to act on my behalf on behalf of: _____ [Name of Dependent]

on behalf of: _____ [Name of Dependent]

on behalf of: _____ [Name of Dependent]

on behalf of: _____ [Name of Dependent]

I authorize my Personal Representative to act for me [and for my covered spouse or dependents, if named above,] in receiving any information that is (or would be) provided to me as a participant/beneficiary of the Plan, including but not limited to, any information that relates to my claim for coverage or benefits under the Plan and any individual rights that I have regarding my protected health information under HIPAA.

I understand that this designation is subject to approval by the Fund. I also understand that, once approved, this designation will remain in effect unless I revoke it in writing. I understand that I have the right to revoke this designation at any time by submitted a signed statement to that effect to the Fund Office.

I certify that I have reviewed the Fund's Policy for Recognition of Personal Representative (listed on the back of this document).

Participant or Beneficiary's Signature _____ Date: _____

Authorized Representative's Signature _____ Date: _____

Personal Representative Policy of EWTF

The following individuals will be deemed to be a personal representative of an individual without having to complete a personal representative form, unless the Fund agrees to a request by an individual to restrict disclosure of Private Health Information (PHI) to the deemed personal representative under Section 164.522 of the privacy regulation:

- **SPOUSES:** The Fund will consider a spouse of a participant to be the personal representative of the participant. In addition, a participant will be deemed to be the personal representative of their spouse where the spouse is a beneficiary under the Fund. Participants and beneficiaries should refer to the Fund's Privacy Notice for instructions on the Fund's procedure if they wish to restrict access of PHI to their spouse.

The Fund's definition of a spouse is "legally married who resides with you".

- **DEPENDENTS (OTHER THAN SPOUSES) INCLUDING UNEMANCIPATED MINORS:** The Fund will consider a parent or guardian as the personal representative of an unemancipated minor unless applicable law requires otherwise, the Fund agrees to abide by a participant or beneficiary request that the Fund restrict disclosure of PHI to a parent or guardian.
- **DECEASED INDIVIDUALS:** The Fund will automatically recognize the following persons as personal representatives of deceased individuals or their estates:
 - a. Executors
 - b. Administrators
 - c. Other persons with authority to act on behalf of the deceased individual or their estate.
- **TREATING PHYSICIAN REGARDING AN URGENT CLAIM:** In the case of an "urgent claim," a "health care professional" (as these terms are defined in ERISA's claims regulation) with knowledge of a participant or beneficiaries medical condition will be automatically recognized by the Fund as a personal representative. The health care professional is deemed to be a personal representative only with respect to the disclosure of PHI directly relation to the urgent claim.
- **POWER OF ATTORNEY:** The Fund will automatically recognize any person who holds a legal power of attorney for an individual as that individual's personal representative.