

**CHICAGO REGIONAL COUNCIL OF CARPENTERS
WELFARE FUND
12 E. Erie St. • Chicago, IL 60111
312-787-9455, Phone Option 3
Fax: 312-951-1515**



Appointment of Personal Representative

Instructions: **Print Clearly in Ink.** You must complete the form in full, sign and return it to the Fund Office at the above address. You may also fax the completed form to the above number. **Failure to complete this form in full** will result in the form being returned to you and a delay of payment of your benefits.

I, _____
(name)

Mailing Address: _____

City, State, Zip Code: _____

Telephone (_____) _____ Date of Birth: _____

ID Number: _____
(located on your BCBS ID card)

hereby designate: _____
(name of personal representative)

Mailing Address: _____

City, State, Zip Code: _____

Telephone (_____) _____ Date of Birth: _____

Relationship: _____

I authorize my Personal Representative, _____ to act for me, in receiving any information that is (or would be) provided to me, including, but not limited to, any health information that relates to me including any individual rights that I have regarding my protected health information (PHI) under HIPPA.

I understand that this designation will remain in effect unless I revoke it.

Signature: _____ Date: _____

Authorized Representatives Signature: _____ Date: _____