

Connecticut Carpenters Health Fund

Appointment or Revocation of Personal Representative

Designation of Personal Representative

I, _____
[Name of Participant or Beneficiary] Social Security Number _____

Mailing address: _____

Phone: (_____) _____

hereby designate:

[Name of Personal Representative]

Mailing address: _____

Phone: (_____) _____

Relationship to Participant or Beneficiary: _____

to act on my behalf and, if indicated, on behalf of the following named dependent(s):

_____ [Name(s) of Dependent(s)]

Specimen Signature of Personal Representative designated above:

[PERSONAL REPRESENTATIVE'S SIGNATURE]

Authority of Personal Representative

- I authorize my Personal Representative to act for me and/or my dependent(s) in receiving any information that is (or would be) provided to me as a participant/beneficiary of the Fund, including but not limited to, any information that relates to my claim for coverage or benefits under the Fund and any individual rights that I have regarding my protected health information under HIPAA.
- I authorize my Personal Representative to act for me and/or my dependent(s) in receiving the following protected health information to conduct the following functions on my behalf:

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 I also understand that, once approved, this designation will remain in effect unless I revoke it or unless it is superseded by a subsequent form. I understand that I have the right to revoke this designation at any time by submitting a signed revocation to the Fund Office.

I have received a copy of the Fund's Recognition of Personal Representative Policy Statement.

Participant or Beneficiary's Signature

Date

Witness or Notary [Complete one]

WITNESS (Fund Office employee or Trustee only):¹

Signature

Date

[Print Name]

OR

NOTARY

Personally appeared before me at _____, Connecticut, this _____ day of _____, 20____, the within named _____, who acknowledged that signing this Appointment Form was his or her free act and deed.

Notary Public
My commission expires: _____

Revocation of Personal Representative

Note: The following revocation will not take effect until received by the Fund.	
I hereby revoke my appointment of _____ as my Personal Representative effective _____.	
_____ Participant or Beneficiary's Signature	_____ Date

¹ A member of the Fund Office staff or a Trustee may witness the signature in person. Any signature not witnessed by Fund Office staff or a Trustee must be notarized.