

# APPOINTMENT OF PERSONAL REPRESENTATIVE

## Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund

Member Name:	Social Security #:	Phone Number:
Address:		
Name of Personal Representative:	Relationship to Representative:	
Address of Representative:		
Phone Number of Representative:	Spouse or Dependents to be covered with this Release:	

I (above noted member) hereby designate the above noted Personal Representative to act on my behalf or on behalf of my spouse or dependents noted above.

**Please Mark One** (If a release type is not marked, a Full Release will be granted.)

- [  ] **Full Release:** I authorize my Personal Representative to act for me (and above noted spouse or dependents) in receiving any information that is (or would be) provided to me as a participant/beneficiary of the Insurance Fund, including but not limited to, any information that relates to my claim for coverage or benefits under the Insurance Fund and any individual rights that I have regarding my protected health information under HIPAA.
- [  ] **Partial Release:** I authorize my Personal Representative to act for me (and above noted spouse or dependents) in receiving the following protected health information to conduct the following functions on my behalf (list details of release):

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I understand that this designation is subject to approval by the Insurance Fund. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Ohio Laborers Benefits office. I certify that I have reviewed the Insurance Fund's Policy for Recognition of Personal Representative.

**This form must be signed in front of a Notary Public by both the member and the Personal Representative.**

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Sworn to before me (a Notary Public) and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal:

My commission expires: \_\_\_\_\_