

Trustmark Insurance Company/ Trustmark Life Insurance Company
(Referred to as Trustmark)

APPOINTMENT OF PERSONAL REPRESENTATIVE

I. MEMBER DATA

Personal Representative Requested For: _____

Relationship to Member: ___ Self ___ Dependent

Member's Name: _____

Member's Social Security: _____

Policy Number: _____

Member's Address: _____

Member's City/State/Zip: _____

Telephone Number: _____

II. NATURE OF REQUEST

A. An individual has a right to appoint a Personal Representative to act on their behalf to receive Protected Health Information (PHI) related to claim and health information.

B. Please check the appropriate box that apply to your request(s).

I appoint the individual _____ to act as my
(name of appointed personal representative)
Personal Representative, to access, amend, and copy my PHI under all rights of the HIPAA Privacy Rules effective _____. This appointment shall be effective until I notify Trustmark in writing, to end the appointment.

I authorize the individual _____ to discuss, on my behalf,
(name of authorized person)
my PHI, for the below condition or claim:

III. PERSONAL REPRESENTATIVE INFORMATION

Name of Personal Representative (please print): _____

Relationship To Insured: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Requestor's Signature: _____ **Date:** _____

Requestor's Name (please print): _____

Mail Completed Form To:

Privacy Officer
HIPAA Compliance Department
Trustmark Insurance Company
P.O. Box 7961
Lake Forest, IL 60045-7961