

Midwest Operating Engineers Welfare Fund

Personal Representative Form

I, _____ {Name of Participant}, residing at

_____ {mailing address}, at
(_____) _____ {phone number}, hereby designate: _____
{Name of ADULT (18 years or older) appointed as Personal Representative}, residing at

_____ {mailing address}, at (_____) _____
{phone number}, to act on behalf of _____ as described
below.

I authorized my personal Representative to act for me to:

- ❖ Receive Protected Health Information and any information that is (or would be) provided to me as a participant / beneficiary of the Plan, including but no limited to, any information that relates to any claim for coverage or benefits under the Plan, and
- ❖ Enforce any individual rights that I have regarding my Protected Health Information under HIPPA.

I understand that this designation is subject to approval by the Plan. 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 Fund Office.

I certify that I have reviewed the Plan's Policy for Recognition of Personal Representative.

PARTICIPANT'S SIGNATURE

DATE

PIN CODE

SOCIAL SECURITY NUMBER

DATE

ADULT REPRESENTATIVE'S SIGNATURE

DATE

PIN CODE