

Employee Name: _____

Group: _____

Employee SS#: _____

DESIGNATION OF AUTHORIZED REPRESENTATIVE

I, _____, do hereby appoint _____ (hereinafter "my Authorized
[Insert name of claimant] [Insert name of representative]

Representative") to act on my behalf in addition to myself in pursuing a benefit claim under

[Insert name of plan]

This authorization permits my representative to access information for

[Insert names of individual(s) whose PHI may be released to the authorized representative]

This includes all information unless otherwise stated here:

[Insert information that may not be released]

In addition to myself, my Authorized Representative shall have full authority to act, and receive notices, on my behalf with respect to a determination of a claim, any requests for documents relating to a claim, and any appeal of an adverse determination of a claim.

I am aware that the Standards for Privacy of Individually Identifiable Health Information set forth by the U.S. Department of Health and Human Services (the "Privacy Standards"), govern access to medical information. I understand that in connection with the performance of his/her duties hereunder, my Authorized Representative may receive my Protected Health Information, as defined in the Privacy Standards, relating to a claim. I hereby consent to any disclosure of my Protected Health Information to my Authorized Representative.

Date: _____

SIGNATURE OF CLAIMANT

ACKNOWLEDGMENT

I, _____, have read the above Designation of Authorized Representative and I hereby accept this designation and
[Insert Name of Representative]
agree to act as Authorized Representative for the person(s) named above with respect to all information, unless otherwise stated above.

DATE: _____

SIGNATURE OF REPRESENTATIVE

HCH Administration
Confidential
rev.070705dsj

I:\worddata\compliancedept\privacy\current\DAR07075- -blank.doc

Providing Innovative Solutions and Quality Service

Office Location: 209 West R.B. Garrett Avenue • Peoria, Illinois 61605-2502

Mailing Address: P.O. Box 1986 • Peoria, Illinois 61656-1986

Phone: (309) 673-7330 • Fax: (309) 673-7369