



Horizon Blue Cross Blue Shield of New Jersey

Request for Appointment of Personal Representative

Read instructions on p. 2 before completing this form. ALL FIELDS MUST BE COMPLETED.

A separate form is required for each member on the policy or coverage, as applicable. Please print legibly, except where signature is required.

To request a personal representative for Dental, please complete the information below, sign in the space provided and return to: Horizon Blue Cross Blue Shield of New Jersey, Attn: Dental, P.O. Box 1710, Newark, New Jersey 07101-1710.

MEMBER INFORMATION: (check whether request is for subscriber or dependent)

Name (Subscriber Dependent): _____

Subscriber Identification #: _____

Date of Birth: ____ / ____ / ____ Telephone #: ____ - ____ - ____
MM DD YYYY

Address: _____

City: _____ State: _____ ZIP: _____

I, _____, hereby appoint _____ to be
(member) (personal representative)

designated as my personal representative. I understand this request applies to communications from Horizon and its business associates about my private information. I also understand that mental health and/or substance abuse private information may be disclosed if I have utilized such services.

Time Period for Representation: From: ____ / ____ / ____ To: ____ / ____ / ____
MM DD YYYY MM DD YYYY

NOTE: If no time period is provided, this request will remain in effect until the member or his/her legal representative notifies Horizon in writing requesting a change.

SECTION B: PURPOSE OF REPRESENTATION: (select one)

Account Inquiries Only (Limited Authority): This means that Horizon BCBSNJ is allowed to disclose private information to the individual selected. This individual would have access to information such as: claims, enrollment, premiums, appeals, etc. (Default if no selection is made)

Mental Health/Substance Abuse Consent: Check this box if, in addition to the "Account Inquiries Only" above, you also want your designated personal representative to have access to your mental health & substance abuse information.

Correspondence & Account Inquiries (Full Authority): Not only can Horizon BCBSNJ disclose private information to the individual selected, but this individual will receive all correspondence that would normally go to the member, including EOBs, checks, etc. For that reason, this option should ONLY be chosen if the member is sure he/she no longer wants to receive relevant coverage information directly, since the personal representative will receive it instead (generally, only in circumstances of incapacity or incompetence (adults), or in the representation of a child; typically not for spouse-to-spouse representation). If the subscriber or personal representative wants the premium billing statements sent to the alternate address please call customer service using the number on the identification card.

Mental Health/Substance Abuse Consent: Check this box if, in addition to the "Correspondence & Account Inquiries" above, you also want your designated personal representative to have access to your mental health & substance abuse information.

SECTION C: PERSONAL REPRESENTATIVE INFORMATION: (required for privacy verification purposes)

Name (Last, First, MI): _____

Last 4 Digits of Social Security #: _____ Date of Birth: ____ / ____ / ____
MM DD YYYY

Address: _____

City: _____ State: _____ ZIP: _____

Telephone #: ____ - ____ - ____ Relationship to the member: _____

NOTE: If the representative is court-ordered or has another legal designation (examples: power of attorney, living will, executor or administrator of probate estate), you must attach/include copy of the official document(s) if not already provided. If you are a documented legal representative, you may make this Request and sign this form below on behalf of the member.

Check here if you want your response to this request sent via email. Email address: _____

Signature of **Member** **Requestor:** _____ Date: ____ / ____ / ____
(check whether member or other requestor) MM DD YYYY

Printed Name: _____

INSTRUCTIONS

REQUEST FOR APPOINTMENT OF PERSONAL REPRESENTATIVE

(NOTE: This form is not to be used for a member's change of address.
For member change of address, please contact Customer Service)

General Instructions: All fields are required to be completed unless otherwise specified.

This form must be completed when a member wishes to appoint an individual as its HIPAA personal representative regarding communications with Horizon BCBSNJ or wishes to extend the authority of an already existing personal representative. This form is not intended to be used for appointing spouses or parents on the coverage as personal representatives. Spouses and parents on the coverage are automatically treated as personal representatives with limited authority of the other spouse and other dependents on the coverage. However, completion of this form is required when the proposed (spouse or parent) personal representative would like to become the member's personal representative with full authority.

All required legal documents will undergo a validation process by Horizon BCBSNJ. A separate request form and documentation is required for each member on the coverage, as applicable, even if authorizing the same personal representative.

Section A: Member Information

This section requests information related to the member for which a personal representative is being requested. Since this information is used for both identification and verification purposes, the information included in this section should match the most current information for the member/subscriber in Horizon BCBSNJ's systems. Please, be aware that this form may be denied if the information on the form does not match the information in our systems.

Section B: Purpose of Representation

Members can assign one of two available levels of authority to their personal representative: limited authority and full authority. For each level of authority, additional options are also available.

Limited Authority (Account Inquiries Only): If you select this option, your personal representative is allowed to make inquiries about your account and Horizon BCBSNJ is allowed to disclose your private information to that individual, such as claims, enrollment, premiums and appeals. Your personal representative will not be allowed to make changes to your policy. Horizon will disclose mental health or substance abuse information under this option only if the member makes this selection on the form.

Full Authority (Correspondence & Account Inquiries): If you select this option, your personal representative will have all the authority that you currently have over the account. That is, not only will your personal representative be allowed to make inquiries about your private information, he/she will also be allowed to make and request changes and updates to your account, including the termination of your policy. In addition, unless you select the address divert opt-out option in the form, all correspondence that would normally be sent by Horizon BCBSNJ to the member, will be sent or diverted to your personal representative's address. Correspondence may include checks, EOBs and bills, as well as other items. Nevertheless, all correspondence, including checks, will still be issued under the member's / subscriber's name.

Horizon will not disclose mental health or substance abuse information to the personal representatives, unless the member or its legal representative selects that option on the form.

To have checks issued to the order of the personal representative and the member is a minor, the requestor must attach a Qualified Medical Child Support Order recognizing that right.

Section C: Personal Representative Information

The requested information will be used by Horizon BCBSNJ for identification and verification purposes. The personal representative will be required to disclose this information during a phone call if he wishes to receive private information about the member.

1. *Time Period of Representation:* If no termination date is entered, the request will remain in effect until the member/legal representative notifies the change to Horizon BCBSNJ in writing. Format: (MM/DD/YYYY).

Note: The appointment will be effective on the date that Horizon BCBSNJ processes and approves the form.

Mail this form to:

Horizon BCBSNJ, Attn: Dental
PO Box 1710
Newark, NJ 07101-1710

Or Fax to: (973) 274-2358



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY/TDD 711) or the phone number on the back of your member ID card**, if you need the free aids and services noted above and for **all other Member Services issues, including:**

- **Claim, benefits or enrollment inquiries**
- **Lost/stolen ID cards**
- **Address changes**
- **Any other inquiry related to your benefits or health plan**

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin, age or disability you can file a discrimination complaint also known as a Section 1557 Grievance. Horizon BCBSNJ's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

**Horizon BCBSNJ – Civil Rights Coordinator
PO Box 820
Newark, NJ 07101**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)**

OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-355-BLUE (2583)** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-855-477-AZUL (2985)** durante el horario normal de trabajo.

Chinese (中文) : 如果您需要幫助來理解這份新澤西州地產總局之資訊 (Horizon Blue Cross Blue Shield of New Jersey) 資料，您有權利獲得以您的語言提供的協助。欲聯絡翻譯人員，請於上述時間致電 **1-800-355-BLUE (2583)**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-355-BLUE (2583)**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-355-BLUE (2583)** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-355-BLUE (2583)** પર ફોન કરો .

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-355-BLUE (2583)** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-355-BLUE (2583)** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-355-BLUE (2583)** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-355-BLUE (2583)** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-355-BLUE (2583)** pandan lè nòmàl biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-355-BLUE (2583)** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-355-BLUE (2583)** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-355-BLUE (2583)** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bíł hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitjìh bee shiká' a'doowoł nínízingo éí bee ná'ahoot'i' dóo doo bááh ílíní da. Ata' halne'é ła' bich'i' hadeesdzih nínízingo t'áá shqódí **1-800-355-BLUE (2583)**jj' nida'anishgo oolkiíí bik'ehgo hodíílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey لديك الحق في الحصول على المساعدة بلغتك دون تحميلك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-355-BLUE (2583)**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-355-BLUE (2583)** پر کال کریں۔