



**CARPENTERS
SERVICES
ADMINISTRATIVE
CORPORATION**

445 South Figueroa Street, Suite 1500
Los Angeles, CA 90071-3203

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Appointment of a Personal Representative

Complete the fields below to request and designate a Personal Representative:

Participant Information		Proposed Personal Representative Information
SSN or UBC ID:		
Name:		
Address:		
City, State, Zip Code:		
Phone:	()	()
Personal Representative's Password for Telephone Authentication:		

I, _____ [Name of Participant or Beneficiary] hereby designate
_____ [Name of Personal Representative]:

- to act on my behalf,
 to act on behalf of my dependent child(ren) named: _____

in receiving:

- a. any protected health information (PHI) that is (or would be) provided to me as a Participant/Beneficiary of the Plan, including any individual rights that I have regarding my PHI under HIPAA.
- b. only the following protected health information to conduct the following functions on my behalf:
_____.

I understand that this designation of a Personal Representative 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 completing a form to Revoke a Personal Representative available from the Privacy Officer. I understand that I may review a copy of the Plan's Policy on Personal Representatives.

Participant or Beneficiary's Signature

Date

Personal Representative's Signature

Date

The above Personal Representative request is:

- approved.
 not approved because: _____

Privacy Officer: _____ Date: _____