Appointment of Personal Representative

TUFTS Health Plan

I authorize the person named below to be my Personal Representative, to act on my behalf to make all decisions related to my Tufts Health Plan Medicare Preferred Plan coverage, as if I were doing so myself.

Member Name:	
Member ID# S	**Medicare ID#**
Member Address:	
Member City/State/Zip:	
Member Date of Birth:	**Member Phone #:**

Name of Personal Representative:	
Relationship to Member:	**Address:**
	City/State/Zip
Phone	**Email** *(optional)*

This Personal Representative is being appointed to act on my behalf with regard to any matter related to my insurance coverage and benefits provided by Tufts Health Plan Medicare Preferred ("Plan"). This includes acting on my behalf to share my health information with the Plan and/or to request my health information from the Plan, as it relates to enrollment, premium payments, benefits, claims, address changes, PCP changes, requests for special communications, and/or assistance with complaints, grievances or appeals.

I understand that I have a right to revoke this appointment in writing at any time and to send my written revocation to Tufts Health Plan Medicare Preferred at the address listed below.

This appointment will remain in effect for 1 year from signature unless I specify an earlier expiration date here:

I represent that the signature below is my own and that I am authorized to sign this document.

Member Signature:
SIGN HERE →

If an authorized representative is signing here, documentation verifying representation is required.

Print Name	*Date*

Relationship to Member, if signed by someone other than Member: *(documentation required)* **>>>**

Personal Representative Signature *(indicates agreement to serve acting on behalf of the member)*

SIGN HERE →

Print Name	*Date*

Please Fax this Completed Form to: 617-972-9405

or mail it to: **Tufts Health Plan Medicare Preferred – Customer Relations, PO Box 9181, Watertown, MA 02471-9181**

If you have any questions about this form, please contact Customer Relations at: 1-800-701-9000 (TTY: 1-800-208-9562). Our representatives are available Monday - Friday, 8:00 a.m. – 8:00 p.m. (from Oct. 15 – Feb. 14 representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call the next business day.

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