



4208 W. Partridge Way, Unit 3 • Peoria, IL 61615  
Toll Free: 1-866-692-0860 • Phone: 309-692-0860  
Fax: 309-692-0862 • Email: [ncil@ncil.us](mailto:ncil@ncil.us)

### Instructions for Completing an Authorized Personal Representative Designation Form

1. Review the attached Policy for Recognition of an Authorized Personal Representative Statement.
2. Complete the "Authorized Personal Representative Designation" form in its entirety. Print clearly in blue or black ink and answer all questions. If the form is not legible, if a question is left unanswered or if the form is not signed it will be returned to you for completion. An Authorized Personal Representative Designation form must be signed and dated to be valid.
3. Submit the fully completed and signed "Authorized Personal Representative Designation" form to:

Scan & Email: [ncil@ncil.us](mailto:ncil@ncil.us)

Fax: North Central Illinois Laborers' Health and Welfare Fund  
Attn: HIPAA Privacy Officer  
Fax Number: 309.692.0862

Mail: North Central Illinois Laborers' Health and Welfare Fund  
4208 W. Partridge Way, Unit 3  
Peoria, Illinois 61615

#### Important Note:

- ✓ Only the attached Authorized Personal Representative Designation form will be accepted by the North Central Illinois Laborers' Health and Welfare Fund. No other authorized personal representative designation forms will be accepted.
- ✓ The Fund will automatically recognize any person who holds a legal Healthcare Power of Attorney for an individual as that individual's personal representative.
- ✓ A Power of Attorney will not be accepted unless it specifically addresses decisions related to healthcare.
- ✓ It is important to understand that when you designate an individual to be your Authorized Representative, you are allowing that person or entity to have access to **all** of your protected health information (PHI). For example: If you only want your doctor to be able to act as your Authorized Representative to discuss a specific claim, then only list the specific claim number(s) or specific date(s) of service and/or diagnosis.



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## Authorized Personal Representative Designation Form

I, \_\_\_\_\_  
Name of Participant or Patient

\_\_\_\_\_ Participant's ID # (located on your Medical ID Card)

\_\_\_\_\_  
Participant/Patient's Street Address, City, State & Zip

\_\_\_\_\_  
Phone Number

hereby designate: \_\_\_\_\_  
Name of Authorized Personal Representative

\_\_\_\_\_  
Authorized Personal Representatives Street Address, City, State & Zip

\_\_\_\_\_  
Phone Number

Relationship to Participant or Patient: \_\_\_\_\_ to act  
on my behalf or on behalf of: \_\_\_\_\_  
Name of Covered Individual(s)

\_\_\_\_\_  
Name of Covered Individual(s)

I authorize my Personal Representative to act for me [and for my covered spouse or dependent, if named above,] in receiving any information that is (or would be) provided to me as a participant/beneficiary of the plan, including but not limited to, any information that relates to my claim for coverage or benefits under the Plan and any individual rights that I have regarding my protected health information under HIPAA.

Or alternatively, I authorize my Personal Representative to act for me and for my covered spouse and dependents (if named above) in receiving **only** the following protected health information to **conduct the following functions** on my behalf: \_\_\_\_\_

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 (see attached).

\_\_\_\_\_  
Participant or Covered Individual's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Personal Representative's Signature

\_\_\_\_\_  
Date

# North Central Illinois Laborers' Health and Welfare Fund

## Recognition of Personal Representative Policy Statement

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This policy and procedure is adopted pursuant to Section 164.502 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and pursuant to section 2560.503-1 of the claims and appeals regulation under the Employee Retirement Income Security Act ("ERISA"). If the privacy rules are changed by HHS, we will follow the revised rules.

### RECOGNITION OF PERSONAL REPRESENTATIVE EFFECTIVE DATE

January 1, 2019

### RECOGNITION OF PERSONAL REPRESENTATIVE POLICY

1. The Plan will treat a personal representative as the individual for purposes of implementing the HIPAA privacy rules and ERISA's claims and appeals procedure rules.
  - a. The personal representative may only have access to PHI that is consistent with and relevant to the scope of authority set out in the personal representative form.

The Plan may elect not to treat a person as the personal representative of an individual if:

- (1) The Plan Administrator or the Privacy Official has a reasonable belief that:
    - (i) The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
    - (ii) Treating such person as the personal representative could endanger the individual; and
  - (2) The Plan Administrator or the Privacy Official, in the exercise of professional judgment, decide that it is not in the best interest of the individual to treat the person as the individual's personal representative
2. The following individuals will be deemed to be a personal representative of an individual without having to complete a personal representative form, unless the Plan agrees to a request by an individual to restrict disclosure of PHI to the deemed personal representative under section 164.522 of the privacy regulation:
    - **SPOUSES:** The Plan will consider a spouse of a participant to be the personal representative of the participant. In addition, a participant will be deemed to be the personal representative of their spouse where the spouse is a beneficiary under the plan. Participants and beneficiaries should refer to the Plan's Privacy Notice for instructions on the Plan's procedure if they wish to restrict access of PHI to their spouse.
    - **ADULT CHILDREN:** The Plan will consider the parent or guardian, as defined in the Plan, of an adult child (18 or over) to be the personal representative of the adult child. Adult children should refer to the Plan's Privacy Notice if they wish to restrict access to their parents.
    - **UNEMANCIPATED MINORS:** The Plan will consider a parent or guardian, as defined in the Plan, as the personal representative of an unemancipated minor (17 or under) unless applicable law requires otherwise, or the Plan agrees to abide by a participant or beneficiary request that the Plan restrict disclosure of PHI to a parent or guardian.

- **DECEASED INDIVIDUALS:** The Plan will automatically recognize the following persons as personal representatives of deceased individuals or their estates:
    - a. Executors
    - b. Administrators
    - c. Other persons with authority to act on behalf of the deceased individual or their estate.
  
  - **TREATING PHYSICIAN REGARDING AN URGENT CLAIM:** In the case of an “urgent claim,” a “health care professional” (as these terms are defined in ERISA’s claims regulation) with knowledge of a participant or beneficiaries medical condition will be automatically recognized by the Plan as a personal representative. The health care professional is deemed to be a personal representative only with respect to the disclosure of PHI directly relating to the urgent claim.
  
  - **HEALTHCARE POWER OF ATTORNEY:** The Plan will automatically recognize any person who holds a legal healthcare power of attorney for an individual as that individual’s personal representative.
  
  - **OTHER APPLICABLE LAW:** The Plan will recognize any person who is authorized under State or other applicable law (e.g. court-appointed legal guardian) to act on behalf of the individual in making health care related decisions as that individual’s personal representative.
3. The Plan may disclose PHI to an individual who is not a personal representative (or deemed to be a personal representative) if they are a family member, other relative or close personal friend of the individual, or any other person identified by the individual, and the disclosure is directly relevant to such person’s involvement with the individual’s care or payment for the individual’s care pursuant to sections 164.510(b) of HIPAA’s privacy regulation.
  
  4. Where the Fund’s personal representative form has been completed and approved, it will be recognized by the Plan as long as the individual making the designation is covered by the Plan. No other authorized personal representative designation forms will be accepted. The individual has a right to revoke the designation at any time by submitting a signed statement to the Plan office revoking the designation. To designate another individual as personal representative, a new personal representative form must be completed and approved by the Plan.

## Recognition of Personal Representatives Procedures

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Other than those individuals deemed to be personal representatives in paragraph 2 of the Policies related hereto, the Fund will only treat an individual as a personal representative where a personal representative form has been filled out and the Fund office has approved the designation. Only the attached Authorized Personal Representative Designation Form will be accepted. No other authorized personal representative designation forms will be accepted.

To download and print an authorized personal representative form, go to the Fund’s website at [www.ncilhwhf.com](http://www.ncilhwhf.com) You may also request a copy of the personal representative form by calling the Fund Office at 309.692.0860 or toll free at 866.692.0860. All personal representatives will be subject to the Fund’s verification procedure.