

OPERATING ENGINEERS TRUST FUNDS



I.U.O.E. LOCAL 12 HEALTH & WELFARE / PENSION / VACATION / DCP

100 CORSON STREET, SUITE 100 • PASADENA, CALIFORNIA 91103 • (866) 400-5200
 P.O. BOX 7063, PASADENA, CALIFORNIA 91109
 TTY: (626) 356-3582 WEBSITE: www.oefi.org

Form to Revoke a Personal Representative

Complete the following chart to indicate the name of the Personal Representative to be revoked:

	Plan Participant	Person to be Revoked as my Personal Representative
Name (print):		
Address (City, State, Zip):		
Phone:	()	()

I, _____ (Name of Participant or Beneficiary)
 hereby revoke the authority of _____ (Name of Personal Representative)

to act on my behalf,

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

_____,
 in receiving any protected health information (PHI) that is (or would be) provided to a personal representative, including any individual rights regarding PHI under HIPAA, effective _____, 20____.

I understand that PHI has or may already have been disclosed to the above named Personal Representative prior to the effective date of this form.

 Participant or Beneficiary's Signature

 Date

Once completed, please return this form to the:
Privacy Officer for the Operating Engineers Health and Welfare Fund:
 Director of Compliance
 100 E. Corson St. Pasadena, CA 91103
 Telephone: 626-356-1077 Confidential fax #: 626-356-1065