

OPERATING ENGINEERS TRUST FUNDS

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

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



Appointment of Personal Representative

Participant or Beneficiary Information			
Social Security Number/OE ID	Last Name	First Name	Middle Initial
Address Information			
Street Address			
City		State	ZIP Code
Home Phone Number ()	Mobile Phone Number ()	Email Address	
I Hereby Designate:			
Name of Personal Representative			
Relationship to Participant or Beneficiary			
Street Address			
City	State	Zip Code	Phone Number ()
<p>I authorize my Personal Representative to act for me 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.</p> <p>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 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.</p> <p>I certify that I have reviewed the Plan's Policy for Recognition of Personal Representative.</p>			
Signature of Participant or Beneficiary (required)			
X			Date ____/____/____
Signature of Personal Representative (required)			
X			Date ____/____/____

The above Personal Representative request is approved. not approved because: _____

Privacy Officer: _____ Date: _____

Please return to Operating Engineers Health and Welfare Fund, PO Box 7067, Pasadena, CA 91109