

# OPERATING ENGINEERS TRUST FUNDS

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

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## 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
<b>Name (print):</b>		
<b>Address (City, State, Zip):</b>		
<b>Phone:</b>	( )	( )

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:  
**Operating Engineers Health and Welfare Fund:**  
 Privacy Officer  
 100 E. Corson St. Pasadena, CA 91103  
 Telephone: 626-356-1092 Confidential fax #: 626-356-1065