



DOCUMENTATION OF LEGAL REPRESENTATIVE STATUS FOR MEMBER

A *legal representative* is a person who has legal authority to act on a member's behalf in making decisions about the member's health care. Examples of such legal authority are Power of Attorney for health care, court order, guardianship, conservatorship, executor of estate, or health care proxy.

This Blue Cross and Blue Shield of Massachusetts (Blue Cross) form is used to document the authority of the legal representative and to authorize Blue Cross to provide the named legal representative with access to the member's information in accordance with the scope of the legal authority. The legal representative named below must sign and date this form.

Questions regarding this form should be directed to Member Service department at the phone number listed on the front of your member ID card.

A. MEMBER INFORMATION

Member's name: _____

Member's ID#: _____

Date of birth: _____

Address: _____

Daytime phone number: _____

B. LEGAL REPRESENTATIVE INFORMATION

Name: _____

Address: _____

Date of birth: _____

Daytime phone number: _____

C. DOCUMENTATION OF LEGAL AUTHORITY TO ACT ON MEMBER'S BEHALF (SELECT ONE)

Please attach to this form a copy of legal documentation demonstrating the following legal status:

Power of Attorney for health care, court order, guardianship, or conservatorship

Executor or Administrator of deceased member's estate

Other – Describe the nature of your legal authority to make decisions concerning the member's health care (for example, named as health care proxy): _____

D. LEGAL REPRESENTATIVE SIGNATURE AND DATE

I certify that the information on (and attached to) this form is true and accurate to the best of my knowledge. I understand that Blue Cross may request information, now or in the future, as it deems necessary to confirm my Legal Representative status. I understand the designation of legal representative will remain in effect only for as long as the legal authority upon which it is based remains valid.

Print name: _____

Signature: _____

Date: _____

Mail or fax the completed form and all supporting documentation to:

- Blue Cross Blue Cross Blue Shield of Massachusetts
Member Service Correspondence
P.O. Box 9134
N. Quincy, MA 02171-9134
- Fax: 1-617-246-3674