ADMINISTRATIVE USE ONLY:
Received
By: _____
Date: _____

NGS CORESOURCE
A Trustmark Company
PERSONAL. FLEXIBLE. TRUSTED.

PERSONAL REPRESENTATIVE AFFIDAVIT

A. COVERED INDIVIDUAL

Name: _____ Social Security # _____
(Last) (First) (Middle Initial)

Home Address: _____ Work Phone # _____

_____ Home Phone # _____

Name of Employer Sponsoring Health Plan: _____

If you are not an employee of the above Employer, please indicate:

Your relationship to the employee: Spouse Child Other (describe): _____

The employee's Social Security #: _____

B. PERSONAL REPRESENTATIVE

Name: _____ Phone #: _____
(Last) (First) (Middle Initial)

Address: _____ Fax #: _____

_____

Relationship to Covered Individual: _____

I, _____, hereby authorize the Personal Representative identified above to act on my behalf on all matters relating to access, accounting, amending and restriction of Protected Health Information (PHI) under the [Name of Plan] (the "Plan"). From the date hereof and until the Plan Administrator (or a designated agent) receives a written notice from me that specifically terminates this authorization, I understand that the Plan Administrator (and/or its designated agent) may deem any request by the Personal Representative in any matter relating to the PHI held by the Plan as if it were my own; and that the Plan Administrator (and/or its designated agent) will have no duty to separately confirm the authority of the Personal Representative. This authorization is limited to matters relating to the Protected Health Information held by the Plan, and does not provide anyone the authority to act on my behalf regarding any other matter.

Signature of Covered Individual: _____Date: _____

C. NOTARIZATION (REQUIRED)

STATE OF _____
COUNTY OF _____

I, _____, a Notary Public, do hereby certify that on this ___ day of _____, 20____, personally appeared before me _____, known to me to be the person whose name appears in Section A of this document, and swore and acknowledged to me that he/she executed this document for the purpose expressed above.

_____

Notary Public, State of _____

Return completed form to: NGS CoreSource, P.O. Box 2310, Mt. Clemens, MI 48046