

# Personal Representative Cover Form



Harvard Pilgrim  
HealthCare

**All fields are required. Incomplete or incorrect forms will be returned to the personal representative's address provided below.**

Harvard Pilgrim\* recognizes a person with legal authority to act on behalf of an individual in making decisions related to health care (e.g., health care proxy, power of attorney, conservator, legal guardian, etc.) as the individual's Personal Representative.

If you are the Personal Representative of a member, please complete and submit this form **with your legal documentation** in order to be documented in Harvard Pilgrim's system.

<b><u>Member Information</u></b> – Individual for whom you are the Personal Representative (“Member”)	
<b>Name:</b>	<b>ID Number:</b>
<b>Street Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Date of Birth:</b>	<b>Phone Number:</b>
<b><u>Personal Representative Information</u></b> – Person with legal authority to act on behalf of the member	
<b>Name:</b>	
<b>Relationship to Member</b> (e.g., health care proxy, power of attorney):	
<b>Street Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Date of Birth:</b>	<b>Phone Number:</b>
<b>Email Address**:</b>	

\*\*Note that a unique email address is required. You may not use an email address that Harvard Pilgrim already has on file for a member or another Personal Representative.

**Please return completed form and supporting legal documentation to:**

<b>Via FAX:</b>  ATTN: Member Services (617) 509-4222	<b>Via MAIL:</b>  Harvard Pilgrim Health Care ATTN: Member Services P.O. Box 496 Canton, MA 02021-1166
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**If you have any questions about this form, please contact a Harvard Pilgrim Member Services representative at: (888) 609-0692 or TTY# 711.**

\*For purposes of this form, Harvard Pilgrim includes Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., Harvard Pilgrim Group Health Plan, Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., and Point32Health Services, Inc., and all of their present and future affiliates. This form also applies to vendors acting on behalf of the above-named entities.