

# Request for Personal Representative

**Instructions:** To ask for a Personal Representative, please fill out the information below, sign and print at the bottom of the form and return to:

**BlueCross BlueShield of Tennessee  
BlueAdvantage Operations  
1 Cameron Hill Circle, Suite 0005  
Chattanooga, TN 37402-0005  
Fax: (423) 535-5498**

A separate form is required for each member on the policy or coverage, as applies. Please print clearly.

**New Request**

**Change Request**

***Member Information:***

Subscriber Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, hereby appoint \_\_\_\_\_ to be  
**(Name)** **(Personal Representative)**

designated as my personal representative. I understand this request applies to communications from BlueCross BlueShield of Tennessee and its business associates about my private information. I also understand that mental health and/or substance abuse private information may be disclosed if I have utilized such services.

**NOTE: This request will stay in effect until the member or his/her legal representative notifies BlueCross BlueShield in writing asking for a change.**



**of Tennessee**

1 Cameron Hill Circle  
Chattanooga, Tennessee 37402  
bcbstmedicare.com

**Representative Information: (required for privacy verification purposes)**

Name (Last, First, MI): \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Relationship to the member: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NOTE:** If the representative is court ordered or has another legal designation (examples: power of attorney, living will, executor or administrator of probate estate), you must attach/include a copy of the official document(s) if not already supplied. If you are a documented legal representative, you may make this request and sign this form below for the member.

**Signature of member / requestor:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

**Printed Name:** \_\_\_\_\_

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Note: Email communications are not secure, so there is a possibility that information included in emails can be intercepted or read by someone else. By providing your email address, you accept the risks associated with emailing. BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the Blue Cross Blue Shield Association. BlueAdvantage is a PPO plan with a Medicare Contract. Enrollment in BlueAdvantage depends on contract renewal.