



of Tennessee

1 Cameron Hill Circle | Chattanooga, TN 37402

Your Personal Representative

A Personal Representative is someone who has legal authority to act and communicate with us on your behalf. This form tells us who your Personal Representative is and proves they have your permission.

Please fill out the information below, sign and return by mail or fax to:

BlueCross BlueShield of Tennessee

BlueAdvantage Operations

1 Cameron Hill Circle, Suite 0005

Chattanooga, TN 37402-0005

Fax: (423) 535-5498

Is this your first Personal Representative or a change from your current one?

☐ First Representative ☐ Change

MEMBER INFORMATION

Member Name: _____

Member ID #: _____ Date of Birth: _____ / _____ / _____

Telephone #: (_____) _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

I, _____, hereby notify BlueCross BlueShield of Tennessee that
(NAME)

_____ is my Personal Representative.
(PERSONAL REPRESENTATIVE)

I understand my Personal Representative will act on my behalf and will receive communications from BlueCross until BlueCross receives valid instructions to change my Personal Representative. I also understand that mental health, substance use disorder, and other sensitive private information may be shared with my Personal Representative if BlueCross has information about me using those services.

PERSONAL REPRESENTATIVE INFORMATION (required for privacy verification purposes)

Name: _____

Date of Birth: _____ / _____ / _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone #: (_____) _____ Relationship to the member: _____

Email: _____

If I am a Personal Representative signing on behalf of a member, I must attach the legal documentation demonstrating my authority. A Personal Representative with legal documentation may complete this form on behalf of the member. Examples of legal documentation include power of attorney, living will, executor, or administrator of probate estate.

If I am a member, I must attach the legal documentation demonstrating that my Personal Representative has authority to act for me. I understand that by signing this form and attaching the necessary documentation, the person named as my Personal Representative will be able to act on my behalf.

Please sign or have your Personal Representative sign below.

Signature of Member

Signature of Personal Representative

Printed Name

Printed Name

Date : _____ / _____ / _____
MM DD YYYY

Date : _____ / _____ / _____
MM DD YYYY



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbstmedicare.com

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ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-831-2583، TTY 711.

BlueCross BlueShield of Tennessee, Inc., Independent Licensee of the Blue Cross Blue Shield Association

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