

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:

BlueCare Plus

1 Cameron Hill Circle, Suite 0039 Chattanooga, TN 37402

Fax: 888-725-6849

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.



1 Cameron Hill Circle | Chattanooga, TN 37402 | bluecareplus.bcbst.com

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

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: _____

Printed Name: _____

Date: _____ / _____ / _____
MM DD YYYY



1 Cameron Hill Circle | Chattanooga, TN 37402 | bluecareplus.bcbst.com

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

H3259_19_PRF_C