

Mercer Administration
A Service of Seabury & Smith, Inc.
2610 Northgate Drive (52245-9565)
P.O. Box 1520
Iowa City, IA 52244-1520

**APPOINTMENT OF PERSONAL REPRESENTATIVE AND
AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

Employee Name: _____

Employee Member ID
or last 4 digits of Social Security Number: _____

Mercer Administration provides benefit assistance services for _____
(Employer Name)

Personal Representative's Name: _____

*Personal Representative's Date of Birth: _____

*Personal Representative's PIN Number: _____

*These identifiers will be utilized in caller verification.

I appoint the individual named above to act on my behalf as Personal Representative for myself and/or spouse/dependents
named _____ with regard to:

inquiries and claims for health care benefits.

inquiries and claims for health care benefits limited to the following: _____.

This appointment of Personal Representative is effective upon Mercer Administration's receipt of this fully completed and signed form. This appointment may be revoked at any time by verbal or written notice to Mercer Administration. If not earlier revoked, this appointment terminates automatically upon the appointment of a different Personal Representative or upon termination of my coverage under the plan.

I acknowledge that information to be released may include material that is protected by state and/or federal law applicable to mental health or other information. My signature authorizes the release of all such information as specified above. I hereby acknowledge that I have received a copy of this document.

Covered Individual's Signature (or Legal Guardian, if applicable)

Date

Printed Name of Legal Guardian, if applicable _____