

Chicago Laborers' Welfare Fund

Appointment of Personal Representative

I _____,
(Adult Dependent Child's Name)

Mailing address: _____

Telephone: (_____) _____ Date of birth _____

Hereby designate: (list names, relationship, address and telephone of personal representative)

(Name of Personal Representative) (Relationship) SSN

(Name of Personal Representative) (Relationship) SSN

(Address, City, State, Zip Code) (Telephone)

I authorize my Personal Representative to act for me, in receiving information that would be provided to me as a participant/beneficiary of the Laborers' Welfare Fund ("The Fund"), including but not limited to, any information that relates to my claim for coverage or benefits under the Fund and any individual rights that I have regarding my protected health information under HIPAA.

I understand that this designation is subject to approval by the Fund's Privacy Officer. I also understand that, once approved, the designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Laborers' Welfare Fund, Attn: Privacy Officer, 11465 W. Cermak Road, Westchester, IL 60154. Such revocation will be effective upon receipt and approval by the Fund's Privacy Officer.

I certify that I have received and reviewed the Fund's Policy for Recognition of Personal Representative.

(Signature of Adult Dependent Child) **(Date)**

(Signature of Personal Representative) **(Date)**

(Signature of Personal Representative) **(Date)**

Chicago Laborers' Welfare Fund
Recognition of Personal Representative
Policy Statement

This policy and procedure is adopted pursuant to Section 164.502 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and pursuant to section 2560.503-1 of the claims and appeals regulation under the Employee Retirement Income Security Act ("ERISA"). If the privacy rules are changed by HHS, we will follow the revised rules.

RECOGNITION OF PERSONAL REPRESENTATIVE EFFECTIVE DATE

April 14, 2003

RECOGNITION OF PERSONAL REPRESENTATIVE POLICY

1. The Fund will treat a Personal Representative as the individual for purposes of implementing the HIPAA privacy rules and ERISA's claims and appeals procedure rules.
 - a. The Personal Representative may only have access to PHI that is consistent with and relevant to the scope of authority set out in the personal representative form.
 - b. The Fund may elect not to treat a person as the Personal Representative of an individual if:
 - (1) The Fund Administrator or the Privacy Official has a reasonable belief that:
 - (i) The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
 - (ii) Treating such person as the Personal Representative could endanger the individual; and
 - (2) The Fund Administrator or the Privacy Official, in the exercise of professional judgment, decide that it is not in the best interest of the individual to treat the person as the individual's Personal Representative
2. The following individuals will be deemed to be a personal representative of an individual without having to complete a Personal Representative form, unless the Fund agrees to a request by an individual to restrict disclosure of PHI to the deemed Personal Representative under section 164.522 of the privacy regulation:

SPOUSES: The Fund will consider a spouse of a participant to be the Personal Representative of the participant. In addition, a participant will be deemed to be the Personal Representative of their spouse where the spouse is a covered dependent under the Fund. Participants and dependents should refer to the Fund's Privacy Notice for instructions on the Fund's procedure if they wish to restrict access of PHI to their spouse.

- **DEPENDENTS (OTHER THAN SPOUSES) INCLUDING UNEMANCIPATED MINORS:** The Fund will consider a parent or guardian, as defined in the Plan document, as the Personal Representative of an unemancipated minor unless applicable law requires otherwise, or the Fund agrees to abide by a request from an unemancipated minor that the Fund restrict disclosure of PHI to a parent or guardian.
 - **DECEASED INDIVIDUALS:** The Fund will automatically recognize the following persons as personal representatives of deceased individuals or their estates:
 - a. Executors
 - b. Administrators
 - c. Other persons with authority to act on behalf of the deceased individual or their estate.
 - **TREATING PHYSICIAN REGARDING AN URGENT CLAIM:** In the case of an “urgent claim,” a “health care professional” (as these terms are defined in ERISA’s claims regulation) with knowledge of a participant or beneficiaries medical condition will be automatically recognized by the Fund as a personal representative. The health care professional is deemed to be a personal representative only with respect to the disclosure of PHI directly relating to the urgent claim.
 - **POWER OF ATTORNEY:** The Fund will automatically recognize any person who holds a legal power of attorney for an individual as that individual’s personal representative.
3. The Fund may disclose PHI to an individual who is not a personal representative (or deemed to be a personal representative) if they are a family member, other relative or close personal friend of the individual, or any other person identified by the individual, and the disclosure is directly relevant to such person’s involvement with the individual’s care or payment for the individual’s care pursuant to sections 164.510(b) of HIPAA’s privacy regulation. See the Fund’s Policy and Procedure for Uses and Disclosures for Involvement in an Individual’s Care and for Notification Purposes.
4. Where a personal representative form has been completed and approved, it will be recognized by the Fund as long as the individual making the designation is covered by the Fund. The individual has a right to revoke the designation at any time by submitting a signed statement to the Fund office revoking the designation. To designate another individual as personal representative, a new personal representative form must be completed and approved by the Fund.

Chicago Laborers' Welfare Fund

Recognition of Personal Representatives Procedures

Other than those individuals deemed to be Personal Representatives in paragraph 2 of the Policies related hereto, the Fund will only treat an individual as a Personal Representative where a Personal Representative form has been filled out and the Privacy Official has approved the designation. Individuals may request a copy of the personal representative form by calling the Fund Office at 708-562-0200. All personal representatives will be subject to the Fund's verification procedure.