



Please return completed form to:
BlueCross BlueShield of Tennessee, Inc.
1 Cameron Hill Circle
Chattanooga, TN 37402

Your Legal Personal Representative

A Personal Representative is someone who has legal authority to make health care decisions for you. They also have access to your information. This form tells us who your Personal Representative is and proves they have legal authority.

Please fill out the information below, include copies of legal documentation that shows the legal authority, sign and return by mail or fax to:

BlueCross BlueShield of Tennessee, Inc.

1 Cameron Hill Circle
Chattanooga, TN 37402

Fax: (423) 535-5498

For this form to be valid, you must include a copy of at least one of legal documents listed below. Please do not send original documents. They will not be returned. Check the legal documents you're providing:

- | | | |
|--|---|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Power of attorney | <input type="checkbox"/> Conservatorship documents |
| <input type="checkbox"/> Death certificate | <input type="checkbox"/> Guardianship documents | <input type="checkbox"/> Court orders |

Member's Information

Please fill out the member's information.

First Name: _____

Phone number: _____

Last Name: _____

Date of birth: ____ ____ ____
 MM DD YYYY

Address: _____

Member ID number: _____

If I am a member completing this form, I understand that mental health, substance use disorder, communicable diseases, HIV/AIDS, genetic testing, developmental disabilities, and other sensitive private information may be shared with my Personal Representative if BlueCare Tennessee has information about me using those services.

Personal Representative Information

Person Organization

Organization _____ Address: _____

First name: _____

Last name: _____ City: _____ State: _____

Date of birth: / /
 MM DD YYYY ZIP: _____ Phone: _____

Relationship to member: _____ Email: _____

Gender: Male Female Other Prefer not to say

Is the Personal Representative also a BlueCross BlueShield of Tennessee member? Yes No

If yes, please list your BlueCross Subscriber ID: _____



Stop: Have you done all of the following?

- Have you completed all of the sections of the form?
- Have you attached a copy of one of the types of legal documentation listed on page one?
- Has the Personal Representative or the Member signed and dated the form?

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. If I am a Personal Representative, I attest under penalty of perjury that I have the legal authority to make health care decisions for the member.

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.

REQUIRED: Please sign or have your Personal Representative sign below. Only one signature is required.

Signature of Member

Signature of Personal Representative

Printed Name

Printed Name

Date : _____ / _____ / _____
 MM DD YYYY

Date : _____ / _____ / _____
 MM DD YYYY

Do you need help? We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 1-800-468-9698 (TRS: 711) If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you.

Spanish: Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Arabic: العربية ملاحظة: إذا تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل برقم: (1-866-503-0264 أو TRS/TTY: 711) 1-800-468-9698

Chinese: 繁體中文 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264)

Vietnamese: Tiếng Việt CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Korean: 한국어 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264) 번으로 전화해 주십시오.

French: Français ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-468-9698 (ATS: 711: 1-866-503-0264).

Amharic: አማርኛ ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በ18 ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚስተለው ቁጥር ይደውሉ 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Gujarati: ગુજરાતી સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Laotian: ພາສາລາວ ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

German: Deutsch ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Tagalog: Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Hindi: हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264) पर कॉल करें।

Russian: Русский ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Japanese: 日本語 「日本語を話す方は、通訳や翻訳などの言語支援サービスを無料で利用できます」 電話1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Persian: فارسی توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264) تماس بگیرید.

The Beneficiary Support System (BSS) helps people who are enrolled in the CHOICES, Employment and Community First (ECF) CHOICES, and the Katie Beckett program. They also help people who want to enroll into these programs. For help call 1-888-723-8193.

The TennCare Program does not discriminate against people because of their race, color, national origin including limited English proficiency and primary language, age, disability, religion, or sex. If you need reasonable modifications or think you were treated differently, or discriminated against you can file a grievance (complaint) with TennCare's Office of Civil Rights Compliance at HCFA.fairtreatment@tn.gov, <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>, 310 Great Circle Road Floor 3W, Nashville, TN 37243, or calling (TRS/TTY: 711: (615) 507-6474. Need help filing a grievance? Call TennCare Connect at 1-855-259-0701.



Do you need help with your health care, talking with us, or reading what we send you? If so, call us for free at:
BlueCare 1-800-468-9698
TennCare*Select* 1-800-263-5479
CoverKids 1-888-325-8386
(TRS: 711 ask for 888-418-0008)



BlueCareSM
TennCare*Select*
CoverKids

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

BlueCare Tennessee is an Independent Licensee of the BlueCross BlueShield Association.