Personal Representative Cover Form

All fields are required. Incomplete or incorrect forms will be returned to the personal representative's address provided below.

Tufts Health Plan* recognizes a person with legal authority to act on behalf of an individual in making decisions related to health care (e.g., health care proxy, power of attorney, conservator, legal guardian, etc.) as the individual's Personal Representative.

If you are the Personal Representative of a member, please complete and submit this form **with your legal documentation** in order to be documented in Tufts Health Plan's system.

Member Information – Individual for whom you are the Personal Representative ("Member")	
Name:	**ID Number:**
Street Address:	
City, State, Zip Code:	
Date of Birth:	**Phone Number:**

Personal Representative Information – Person with legal authority to act on behalf of the member	
Name:	
Relationship to Member (e.g., health care proxy, power of attorney)**:**	
Street Address:	
City, State, Zip Code:	
Date of Birth:	**Phone Number:**
Email Address:**	

**Note that a unique email address is required. You may not use an email address that Tufts Health Plan already has on file for a member or another Personal Representative.

Please return completed form and supporting legal documentation to:

Via FAX:	**Via MAIL:**
ATTN: Member Services 1-617-673-0380	Tufts Health Plan ATTN: Member Services - Commercial 1 Wellness Way Canton, MA 02021-1166

If you have any questions about this form, please contact a Tufts Health Plan Member Services representative at the number located on your member ID card.

*For purposes of this form, Tufts Health Plan includes Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., Point32Health Services, Inc. group health plans, Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, Tufts Benefit Administrators, Inc., Total Health Plan, Inc., CarePartners of Connecticut, Inc., and all of their present and future affiliates. This request also applies to vendors acting on behalf of the above-named entities.