

Personal Representative Appointment Form

Add a Personal Representative to Your Plan

Use this form to let Delta Dental* add your Personal Representative to your plan.

**Delta Dental includes Delta Dental of Iowa and Veratrus Benefit Solutions, Inc.*

Important:

- If you are a Medicaid member and want someone to act on your behalf during the appeals process, please **STOP**. Do not fill out this form. Instead, go to our website and fill out the [Member Appeal Form](#).
- If you are a Medicare Advantage member and want someone to act on your behalf for a grievance or appeal, please **STOP**. Do not fill out this form. Instead, fill out the [Member Grievance Form](#) or the [Member Appeal Form](#) available on our website **AND** the [Appointment of Representative \(AOR\) Form](#).

What to Do:

1. The member and the Personal Representative must fill out and sign this form. A parent or legal guardian must fill out the form if the member is a minor.
2. Include supporting documents like power-of-attorney, court order, or executor of estate.
3. Follow the instructions on this form. Send everything to Delta Dental.

Member's Information:

Name: _____
Address, City, State, Zip: _____
Telephone: _____
Email: _____
Delta Dental ID Number, Medicaid ID Number, or Social Security Number: _____
Date of Birth: _____
Group Name (if applicable): _____

Personal Representative's Information:

Personal Representative's Name: _____
Address, City, State, Zip: _____
Date of Birth: _____
Telephone: _____
Email: _____

Describe how this person has authority to act for you. Please send us legal documents that show this, like power-of-attorney, court order, executor of estate, etc. when you return this form.

EXPIRATION: This appointment will end 30 days after your Delta Dental benefit plan ends, or when any claims that relate to this appointment are settled. You can give us a different date that you would like this appointment to end. This date must be ok under law. For example, your legal document(s) may give a date for when the personal representative's authority ends.

On ____/____/____
Month Day Year

Or

When the event described below happens. The event must be related to the person or reason for the appointment.

VERIFICATION QUESTIONS FOR PERSONAL REPRESENTATIVE:

The answers the Personal Representative gives below may be used to check their identity if they call for your information.

4-digit PIN (any four digit number) ____ ____ ____ ____

What is the Personal Representative's mother's maiden name? _____

What was the name of the Personal Representative's first pet? _____

SIGNATURE:

For the Member, Parent, or Legal Guardian: I have read and understand the information on this form. I voluntarily make this Personal Representative Appointment request on my own. I authorize the Personal Representative listed on this form to act on my behalf and to have access to my protected health information as allowed under law. I understand I do not have to sign this form.

**If a legal guardian signs for an individual, a copy of the guardian appointment must be with this form*

Signature of Individual, Parent, or Legal Guardian: _____

Print Name of Legal Guardian (if applicable*): _____

Date: ____/____/____
Month Day Year

Personal Representatives who are legally appointed: I have read and understand the information on this form. By signing this form, I confirm I have the legal authority to act for the person. To protect their privacy, I will include the necessary legal documents with this request.

Signature of Personal Representative: _____

Date: ____/____/____
Month Day Year

IMPORTANT INFORMATION

- **Privacy Rule:** Delta Dental must follow specific rules before sharing your Protected Health Information (PHI) with anyone other than you. PHI includes any information that can identify you. For example, your date of birth or Member ID. It also includes information about your health and payment about your healthcare.
- **Effective Date:** Your Personal Representative's authority starts when Delta Dental gets the completed form and the needed legal documents. This may include power-of-attorney or guardianship papers. This only affects communications from Delta Dental. You need a separate form for your employer, group health plan, or anyone outside Delta Dental.
- **Your Rights:** You still have the right to act for yourself unless Delta Dental gets legal documents saying you cannot act for yourself.
- **Changes in Coverage:** You need to fill out a new form if you change groups or your benefits change to a different Delta Dental plan.
- **Safety Concerns:** Delta Dental will not recognize someone as your Personal Representative if we believe:
 - You might be at risk of domestic violence, abuse, or neglect by that person.
 - Treating that person as your Personal Representative could put you in danger.
 - It is not in your best interest, based on our professional judgment.
- **Revoking Authority:** Your Personal Representative's authority stays valid until you, a court, or a law takes it away. You can send a written request to remove this authority to the address below. Taking away the authority will not affect any actions Delta Dental took before we got your notice.

Delta Dental of Iowa
Dental Wellness Plan
P. O. Box 9040
Johnston, Iowa 50131
Fax: 888-264-0195
- *You will get a copy of this authorization. Keep it for your records. Delta Dental will also keep a copy. We can give you another copy if you ask.*

RETURN THIS COMPLETED FORM TO:

Delta Dental of Iowa
Dental Wellness Plan
P. O. Box 9040
Johnston, Iowa 50131
Fax: 888-264-0195

FOR QUESTIONS OR ASSISTANCE:

Call 1-800-544-0718

Delta Dental of Iowa complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. To review our full nondiscrimination statement, go to <http://www.deltadentalia.com/nondiscrimination>.

Here is a list of terms or words that were used in this form to hopefully provide some additional clarity on the meaning or definition of those words. If you are still not sure what a term or word means in this form, please contact the number listed above.

Word	Definition/Meaning
Court Order:	A legal document issued by a court that requires a person to do or not do something.
Delta Dental of Iowa:	This is the dental company that provides dental services to its members. It works with Iowa Medicaid to provide dental services to members covered under Medicaid programs, such as the Dental Wellness Plan or Hawki.
Delta Dental ID Number:	A unique identifier assigned to a member by Delta Dental.
Executor of Estate:	A person appointed to administer the estate of a deceased person.
Medicaid ID Number:	A unique identifier assigned to individuals enrolled in Medicaid. The Medicaid ID Number is found on the member's Dental Wellness Plan or Hawki card and will have 7 numbers with 1 letter at the end, like 1234567A.
Personal Representative:	Someone who has legal authority to make decisions about your health care benefits, ask for your health information, and use all your rights under your Delta Dental plan, including appealing claims.
Power-of-Attorney:	A legal document that allows someone to act on your behalf.
Protected Health Information (PHI):	Any information Delta Dental has that can identify you, such as your date of birth or Member ID, and information about your health and payment for your healthcare.
Revoking Authority:	The process of removing the Personal Representative's authority, which can be done by the member, a court, or a law.
Veratrus Benefit Solutions, Inc.:	This is a company that is part of Delta Dental of Iowa and provides vision services to its members.