



Horizon NJ Health

REQUEST TO REPRESENT A DECEASED MEMBER

Read instructions on p. 2 before completing this form. ALL FIELDS MUST BE COMPLETED.

A separate form is required for each member on the policy or coverage, as applicable. Please print legibly, except where signature is required. To request a representation of a deceased member, please complete the information below, sign in the space provided and return to: Horizon NJ Health, Attn: HIPAA Team. 1700 American Blvd., Pennington, New Jersey 08534, or via fax at 609-538-1574.

SECTION A: DECEASED MEMBER INFORMATION

1. Name (Subscriber or Dependent): _____
2. Horizon NJ Health Member ID #: _____ 3. Date of Birth: ____/____/____
MM DD YYYY

SECTION B: LEVEL OF AUTHORITY FOR PERSONAL REPRESENTATIVE (SELECT ONE)

- Account Inquiries Only (Limited Authority):** This means that Horizon NJ Health is allowed to disclose private information to the individual selected. This individual would have access to information such as: claims, enrollment, premiums, appeals, etc. (Default if no selection is made)
- Correspondence & Account Inquiries (Full Authority):** Not only can Horizon NJ Health disclose private information to the individual selected, but this individual will receive all correspondence that would normally go to the deceased member, including EOBs, checks, etc.

SECTION C: PERSONAL REPRESENTATIVE INFORMATION

1. Name: _____ 2. Telephone #: _____
3. Last 4 digits of SS#: _____ 4. Date of Birth: ____/____/____
5. Address: _____
6. City: _____ State: _____ Zip: _____
7. Relationship to the deceased member: _____

Note: Attach proof that you are authorized to represent the deceased member's estate. See instructions for details.

SECTION D: REQUEST TO REPRESENT DECEASED MEMBER

I, _____, having supplied the requisite legal documentation, hereby request to be designated as the personal representative of _____. I understand this request applies to communications with Horizon NJ Health and its business associates about the deceased.

Signature of Requestor

Date: ____/____/____
MM DD YYYY

Printed Name

INSTRUCTIONS
REQUEST TO REPRESENT A DECEASED MEMBER

General Instructions: All fields are required to be completed unless otherwise specified.

This form must be completed to appoint a personal representative for a deceased member. The request must be made by a court appointed executor/trix of the deceased member's estate. All required legal documents will undergo a validation process by Horizon NJ Health. Note that a separate form and documentation is required for each member on the coverage, as applicable.

Section A. Member Information

This section requests information related to the deceased member for which personal representative is being requested. This information is required for verification purposes. Check the appropriate box to indicate if the deceased member was the subscriber or a dependent.

Section B. Level of Authority for Personal Representative

A personal representative can be assigned one of two available levels of authority: limited authority or full authority. For each level of authority, additional options are also available.

Limited Authority- If this option is selected, the personal representative for the deceased member is allowed to make inquiries about the deceased member's account and Horizon NJ Health is allowed to disclose private information to that individual, such as claims, enrollment, premiums and appeals. The personal representative will not be allowed to make changes to the policy.

Full Authority- If you select this option, the personal representative will have full authority over the account. Not only will the personal representative be allowed to make inquiries regarding private information, he/she will also be allowed to make changes and updates to the account, including the termination of the policy. If the deceased member is the subscriber, correspondence will be issued under the name of the estate of the deceased member. If the deceased member is someone other than the subscriber, the correspondence will still be issued under the subscriber's name.

Section C- Personal Representative Information

The requested information will be used by Horizon NJ Health for verification purposes. The personal representative will be required to disclose this information during a phone call if he/she wishes to receive private information about the deceased member.

Documents accepted as proof of authority to represent the member's estate are:

- a) Last Will and Testament with Death Certificate
- b) Order of Probate
- c) Order of Surrogate
- d) Letters of Administration

Mail this form to:

Horizon NJ Health,
Attn: HIPAA Team
1700 American Blvd.
Pennington, NJ 08534

Or Fax to: (609) 538-1574

HNJH_HIPAA_Team@horizonblue.com