



Horizon Blue Cross Blue Shield of New Jersey

Request to Terminate an Automatic or Appointed Personal Representative

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, as applicable. Please print all information legibly, except where signature is required.

To request the termination of a personal representative that was created or exists for you, please complete the information below, sign in the space provided and return to: Horizon Blue Cross Blue Shield of New Jersey, Attn: HIPPA Team, P.O. Box 1458, Newark, New Jersey 07101-1458 or via fax at 973-274-2358.

SECTION A: MEMBER'S INFORMATION

Name (Subscriber Dependent): _____

Subscriber Identification #: _____

Date of Birth: ____ / ____ / ____ Telephone #: ____ - ____ - ____
MM DD YYYY

Address: (on file) _____

City: _____ State: _____ ZIP: _____

I, _____, hereby wish to terminate the personal
(member name – please print)

representation of _____, my personal representative.
(personal representative name – please print)

I understand this request applies to communications from Horizon BCBSNJ and its Business Associates about my private information, but will **not** terminate contract communications from Horizon BCBSNJ (and its Business Associates) to the subscriber of my coverage.

Effective Date for Termination of Representation: ____ / ____ / ____
MM DD YYYY

IMPORTANT NOTE: The above date **cannot** be a date prior to the completion of this form. If no date is provided, or a date is selected that is prior to the date this form is received by Horizon BCBSNJ, Horizon BCBSNJ will consider the requested effective date to be the date Horizon BCBSNJ processes this form. In addition, notwithstanding the date provided above, the personal representation will remain in effect until Horizon BCBSNJ has approved, fully processed and implemented this request, which may not occur until after the requested effective date.

SECTION B: AUTOMATIC OR APPOINTED PERSONAL REPRESENTATIVE TO BE TERMINATED (required for privacy verification purposes)

Name (Last, First, MI): _____

Last 4 Digits of Social Security #: _____ Date of Birth: ____ / ____ / ____
MM DD YYYY

Address: _____

City: _____ State: _____ ZIP: _____

Telephone #: ____ - ____ - ____ Relationship to the member: _____

Reason for termination: _____

NOTE: If the representative is court-ordered or is your legal representative through another legal designation (examples: power of attorney, living will, executor or administrator of probate estate), you must include an explanation (see last line above) or attach/include a copy of the official document(s) that terminates or nullifies his/her legal representation, if not already provided. If you are a documented legal representative, you may make this Request and sign this form below on behalf of the member.

Check here if you want your response to this request sent via email. Email address: _____

Signature of Member Requestor: _____ Date: ____ / ____ / ____
(check whether member or other requestor) MM DD YYYY

Printed Name: _____



INSTRUCTIONS

REQUEST TO TERMINATE AN AUTOMATIC OR APPOINTED PERSONAL REPRESENTATIVE

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

This form must be completed when a member wishes to terminate a spouse or a parent as his/her automatic or appointed personal representative. An automatic personal representative is a spouse or a parent who, in compliance with Horizon BCBSNJ's Privacy Policy, is automatically given limited authority to inquire and receive account information about the other spouse and the child dependents on the same policy.

All required legal documents will undergo a validation process by Horizon BCBSNJ. If you are a documented legal representative, you may make this request and sign the form on the bottom section on behalf of the member.

Please be advised that this form is not to be used to change the address of the automatic personal representative who is being terminated.

NOTE: A separate form and documentation is required for each member on the coverage, as applicable, even if terminating the same personal representative.

Section A: Member Information

This section requests information related to the member requesting the termination of their automatic personal representation. Since this information is used for verification purposes, the information included in this section should match the most current information on file for the member/subscriber. Please be aware that this form may be denied if the information on the form does not match the information in our systems.

Section B: Automatic or Appointed Personal Representative to be Terminated

The requested information in this section will be used by Horizon BCBSNJ for verification purposes.

1. *Name of personal representative.* Enter the full name for the personal representative that you are requesting to be terminated.
2. *Date of Birth.* Enter the personal representative's month, day and year of birth (MM/DD/YYYY).
3. *Reason for termination.* Provide the reason for the request to terminate the personal representative. If the representative is court-ordered or is the member's legal representative through another legal designation, such as a power of attorney or guardianship order, the requestor of the termination must include an explanation and attach a copy of the official document(s) that terminates or nullifies the legal representation.

NOTE: all correspondence that would normally be sent to your automatic or appointed representative, will now be sent to the member's address. Correspondence may include checks, EOBs and bills, as well as other items. Nevertheless, all correspondence, including checks, will still be issued under the member's / subscriber's name.

A Qualified Domestic Relationship Order (QDRO) is required if you wish to have all correspondence, including checks, issued in your name.

Mail this form to:

Horizon BCBSNJ, Attn: HIPAA Unit
PO Box 1458
Newark, NJ 07101-1458

Or Fax to: (973) 274-2358



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY/TDD 711) or the phone number on the back of your member ID card**, if you need the free aids and services noted above and for **all other Member Services issues, including:**

- **Claim, benefits or enrollment inquiries**
- **Lost/stolen ID cards**
- **Address changes**
- **Any other inquiry related to your benefits or health plan**

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin, age or disability you can file a discrimination complaint also known as a Section 1557 Grievance. Horizon BCBSNJ's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

**Horizon BCBSNJ – Civil Rights Coordinator
PO Box 820
Newark, NJ 07101**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)**

OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-355-BLUE (2583)** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-855-477-AZUL (2985)** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料, 您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員, 請於上班時間致電 **1-800-355-BLUE (2583)**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-355-BLUE (2583)**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-355-BLUE (2583)** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-355-BLUE (2583)** પર ફોન કરો .

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-355-BLUE (2583)** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-355-BLUE (2583)** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-355-BLUE (2583)** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-355-BLUE (2583)** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-355-BLUE (2583)** pandan lè nòmal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-355-BLUE (2583)** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-355-BLUE (2583)** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-355-BLUE (2583)** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitjìh bee shiká' a' doowoł nínízingo éí bee ná'ahoot'i' dóo doo bááh ílíní da. Ata' halne'é ła' bich'i' hadeesdzih nínízingo t'áá shóqdí **1-800-355-BLUE (2583)** jį' nida'anishgo oolkiíí bik'ehgo hodílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey لديك الحق في الحصول على المساعدة بلغتك دون تحمّل أيّة تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-355-BLUE (2583)**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-355-BLUE (2583)** پر کال کریں۔