Reset Form

Horizon Blue Cross Blue Shield of New Jersey

Request to Represent a Deceased Member

Instructions: To request a representation of a deceased member, please complete the information below, sign in the space provided and return to: Horizon Blue Cross Blue Shield of New Jersey, Attn: HIPAA Team, P.O. Box 820, Newark, New Jersey 07101-0820 or via fax at 973-274-2358. Please print legibly.

Member Information: (circle whether request is for subscriber or dependent)

Name *(☐ Subscriber ☐ Dependent):* _____

Subscriber Identification #: _____

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

Address: _____

City: _____ State: _____ ZIP: _____

I, _____, having supplied the requisite legal documentation hereby request
(Legal Representative)
to be designated as the representative of _____. I understand this request applies
(Deceased Member)
to communications from Horizon and its business associates about the deceased.

Time Period for Representation: From: _____ / _____ / _____ To: _____ / _____ / _____
MM DD YYYY MM DD YYYY

NOTE: If no time period is provided, this request will remain in effect until the representative notifies Horizon in writing requesting a change.

Purpose of Representation: *(check one)*

☐ **Account Inquiries Only:** This means that Horizon BCBSNJ is allowed to disclose private information to the individual selected. This individual would have access to information such as: claims, enrollment, premiums, appeals, etc.

☐ **Correspondence & Account Inquiries:** Not only can Horizon BCBSNJ disclose private information to the individual selected, but he/she will receive all correspondence that would normally go to the member, including EOBs, checks, etc.

Personal Representative Information: (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: _____

NOTE: Please attach proof that you are either the administrator/ -trix or executor/ -trix of the deceased member's estate.

☐ Check here if you want your response to this request sent via email.

Email address: _____

Signature of Legal Representative: _____ Date: _____ / _____ / _____
MM DD YYYY

Printed Name: _____