



Horizon Blue Cross Blue Shield of New Jersey

Request to Terminate Personal Representation

Instructions: To request the termination of a personal representation 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, Centralized Correspondence Unit, Attn: HIPAA Unit, P.O. Box 820, Newark, New Jersey 07101-0820. A separate form is required for each member on the policy or coverage, as applicable. Please print all information legibly, except where signature is required.

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

Name (Subscriber/Dependent): _____

Policy Identification #: _____

Date of Birth ____/____/____ Telephone #: _____

Address: _____

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: ____/____/____

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 receives 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.

Personal Representative Information: (required for privacy verification purposes)

Name (Last, First, MI): _____

Social Security # (Last 4 Digits **only**): _____ Date of Birth: ____/____/____

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.

Signature of Member / Requestor: _____ Date: ____/____/____
(circle whether member or other requestor)

Printed Name: _____