

How to fill out the Personal Representative Designation form



Use the Personal Representative Designation form to:

- **Give permission** for us to talk to and share your health information with someone other than you **or**
- **End permission** for us to talk to someone other than you

HOW TO GIVE PERMISSION for us to talk to someone other than you

To add a Personal Representative, follow these steps:

1. Fill in your information

- My Name – Enter your first and last name
- Date of Birth – Enter your date of birth in the format MM/DD/YYYY
- Recipient I.D. Number (RIN) – Enter your RIN Number.
You can find it on the back of your member ID card.

My Name: <input type="text"/>	Date of Birth: <input type="text"/>
Recipient I.D. Number (RIN): <input type="text"/>	

2. List the people you would like to give us permission to talk to and share information with about your Medicaid benefits and managed care enrollment

- Personal Representative – Enter the first and last names of these people

I name the following person(s) to act as my Personal Representative: <input type="text"/>

3. Choose what information you want us to share with these people by selecting **only one** check box below

- Choose the **first check box** if you want these people to do **everything** you can do
- Choose the **second check box** if you want these people to **only do some things** you can do. If you select this box, describe the things these people can do for you in the box below it.

<input type="checkbox"/> This person has all the rights that I have regarding my health information that the Agency has.
<input type="checkbox"/> This person is acting as my Personal Representative only for these functions:
<input type="text"/>

4. Sign and date under Term of Authorization

- When you sign under Term of Authorization, you allow the people you chose to share the health information you approved until you end (revoke) your permission
- You, your Power of Attorney (POA), or your guardian **must sign the form**
 - » If you fill out the digital form, select Term of Authorization, click on the signature box, and type or draw your signature. Then click "Apply." The date will fill in by itself.

Term of Authorization: The Agency may share my health information from the date of this Personal Representative Designation until I revoke the Personal Representative Designation by signing the Revocation below, and giving the Revocation to the Agency.	
Signature: _____	Date: _____

- If your POA or guardian signs the form for you, they must also fax us or upload their approved POA or Guardianship form. See **How to send documents** on page 4.

5. Submit the Personal Representative Designation form in **one of these ways**

• Online

- a. Click in the signature box "Click here to sign." Your signature will fill in by itself.

Signature: * <u>Click here to sign</u>
Email: * Enter your email address

- b. Click in the email box and type your email address

Signature: * Click here to sign
Email: * <u>Enter your email address</u>

- c. This message will appear: "By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital." Check the box, then click the blue "Click to Sign" button to submit the form.

<input type="checkbox"/> By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital.	<u>Click to Sign</u>
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• By fax

- a. Fax your completed form to 1-312-596-0249

Allow three business days for us to process your Personal Representative Designation form. If you send other documents with your form, we may need more time to review them.

HOW TO END PERMISSION for us to talk with someone other than you

To remove a Personal Representative, follow these steps:

1. Fill in your information

- My Name – Enter your first and last name
- Date of Birth – Enter your date of birth in the format MM/DD/YYYY
- Recipient I.D. Number (RIN) – Enter your RIN Number.
You can find it on the back of your member ID card.

My Name: <input type="text"/>	Date of Birth: <input type="text"/>
Recipient I.D. Number (RIN): <input type="text"/>	

2. List the people you would like to end your permission for us to talk to and share information with about your Medicaid benefits and managed care enrollment

- Personal Representative – Enter the first and last names of these people

I name the following person(s) to act as my Personal Representative: <input type="text"/>

3. Sign and date under REVOCATION

- When you sign under REVOCATION, you end (revoke) the permission you gave for us to share your health information with people you chose in the past
- You, your Power of attorney (POA), or your guardian **must sign the form**
 - » If you fill out the digital form, select REVOCATION, click on the signature box, and type or draw your signature. Then click "Apply." The date will fill in by itself.

REVOCATION: I no longer want the person named above to act as my Personal Representative.	
Signature: <input type="text"/>	Date: <input type="text"/>

4. Submit the Personal Representative Designation form in **one of these ways**

• Online

- a. Click in the signature box "Click here to sign." Your signature will fill in by itself.

Signature: <input type="text" value="Click here to sign"/>
Email: <input type="text" value="Enter your email address"/>

- b. Click in the email box and type your email address

Signature: <input type="text" value="Click here to sign"/>
Email: <input type="text" value="Enter your email address"/>

- c. This message will appear: "By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital." Check the box, then click the blue "Click to Sign" button to submit the form..

<input type="checkbox"/> By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital.	<input type="button" value="Click to Sign"/>
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• **By fax**

- a. Fax your completed form to 1-312-596-0249

Allow three business days for us to process your Personal Representative Designation form. If you send other documents with your form, we may need more time to review them.

HOW TO SEND DOCUMENTS

To send us documents, submit them in one of three ways:

1. **Attach a file** to the [digital Personal Representative Designation form](#)

- a. Click in the box "Click to Attach POA/Guardian forms." A window will appear.
- b. Find the file on your device you want to attach
- c. When the file name appears in the window below, click "Open"

Privacy Officer Office of the General Counsel Healthcare and Family Services 201 S. Grand Ave. East, 3rd Floor Springfield, IL 62763-1000	Toll-free telephone: 1-800-226-0768 (Health Benefits Hotline) Toll-free for persons using a TTY: 1-877-204-1012 Fax: 1-217-524-2397 e-mail address: HFS_privacy.officer@illinois.gov
Click to Attach POA/Guardian forms	

- d. If the file is attached, the file name should appear on the form

Privacy Officer Office of the General Counsel Healthcare and Family Services 201 S. Grand Ave. East, 3rd Floor Springfield, IL 62763-1000	Toll-free telephone: 1-800-226-0768 (Health Benefits Hotline) Toll-free for persons using a TTY: 1-877-204-1012 Fax: 1-217-524-2397 e-mail address: HFS_privacy.officer@illinois.gov
FILE: Power of Attorney.docx	

2. Securely **upload forms** to the website

- a. Go to the [Personal Representative Additional Documentation Form](#)
- b. Type the first and last name of the member

Recipient Name: *

- c. Type the RIN of the member

Recipient I.D. Number (RIN): *

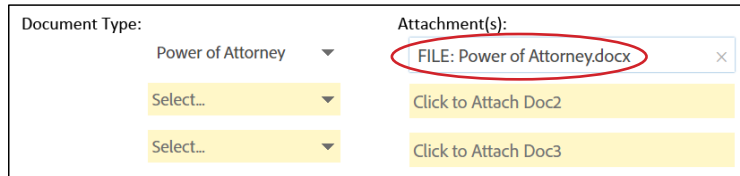
- d. Type the first and last name of the Personal Representative

Personal Representative Name: *

- e. Select the document type for each file you want to send

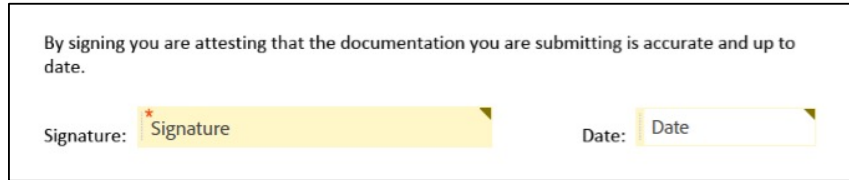
Document Type:	Attachment(s):
Power of Attorney	FILE: Power of Attorney.docx
Select...	Click to Attach Doc2
Select...	Click to Attach Doc3

- f. Attach a file for each document type you selected



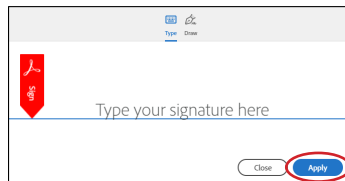
The screenshot shows a form with two columns. The left column is titled "Document Type:" and contains three dropdown menus. The first dropdown is set to "Power of Attorney" and has a "Select..." button below it. The right column is titled "Attachment(s):" and contains a text input field with "FILE: Power of Attorney.docx" entered, a "Click to Attach Doc2" button, and a "Click to Attach Doc3" button. A red circle highlights the text input field in the "Attachment(s):" column.

- g. Click in the signature box. The date will fill in by itself.



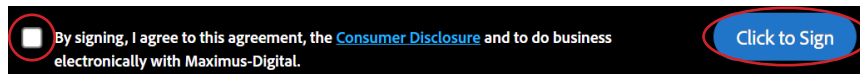
The screenshot shows a form with two fields. The first field is labeled "Signature:" and contains a yellow box with the word "Signature" inside. The second field is labeled "Date:" and contains a yellow box with the word "Date" inside. The text "By signing you are attesting that the documentation you are submitting is accurate and up to date." is displayed above the fields.

- h. Type or draw your signature, then click "Apply"



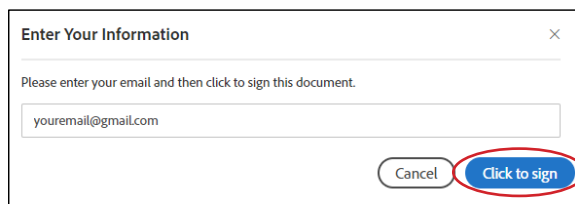
The screenshot shows a signature input area with a red icon on the left and the text "Type your signature here" in the center. Below the input area are two buttons: "Close" and "Apply". The "Apply" button is circled in red.

- i. This message will appear: "By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital." Check the box, then click the blue "Click to Sign" button to submit the form.



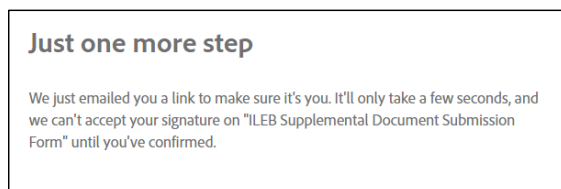
The screenshot shows a black message box with white text. On the left, there is a checkbox that is checked. The text reads: "By signing, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with Maximus-Digital." On the right, there is a blue button labeled "Click to Sign" circled in red.

- j. Click in the email box and type your email address, then select "Click to sign"



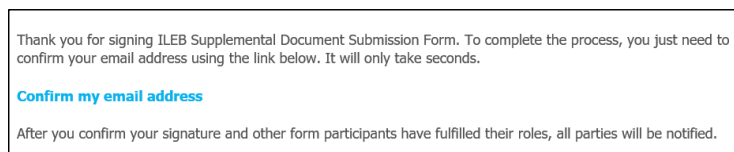
The screenshot shows a form titled "Enter Your Information" with a close button (X) in the top right corner. Below the title is a text input field containing "youremail@gmail.com". Below the input field are two buttons: "Cancel" and "Click to sign". The "Click to sign" button is circled in red.

- k. The message below will appear



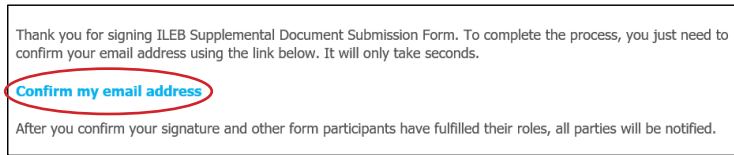
The screenshot shows a message box with the heading "Just one more step". Below the heading is the text: "We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "ILEB Supplemental Document Submission Form" until you've confirmed."

- l. Check your email inbox for the email below



The screenshot shows an email message. The text reads: "Thank you for signing ILEB Supplemental Document Submission Form. To complete the process, you just need to confirm your email address using the link below. It will only take seconds." Below this text is a blue link labeled "Confirm my email address". At the bottom, it says: "After you confirm your signature and other form participants have fulfilled their roles, all parties will be notified."

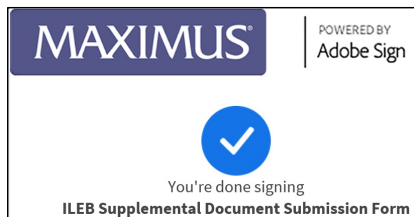
- m. Click "Confirm my email address"



- n. The message below will appear on the web page

Your e-signing of ILEB Supplemental Document Submission Form has been verified.

- o. We'll send an email letting you know we have your form



3. Send forms by **fax**

- a. Download, print, fill out, and sign the [Personal Representative Designation form](#)
- b. Fax your completed Personal Representative Designation form and any POA and Guardianship forms to 1-312-596-0249

Allow three business days for us to process your Personal Representative Designation form. If you send other documents with your form, we may need more time to review them.