

**Instructions for Completing the Member Authorization Form**

If you have any questions, please feel free to call us at the Customer Service number on your member identification card.

**Please read the following for help completing PAGE ONE of the Member Authorization Form.**

**PART A: MEMBER INFORMATION**

This section applies to the member who is asking for the release of his or her information to another person or company.

1. Print your last name, first name, and middle initial
2. Write your date of birth in this format: mm/dd/yyyy
3. Write your full street address, city, state and zip code
4. Write your daytime phone number (including area code), your cell phone (if applicable)
5. Write your identification number (you will find this number on your member identification card)

**PART B: PERSON OR COMPANY WHO WILL RECEIVE THIS INFORMATION**

6. Check the box that applies to you. Write the full name of the person or company that you want us to give your information to. Please don't use general terms like "my son" or "my daughter" as it will not be accepted. You must be specific.
7. If you check "Other," then you must give the first and last name (if available), the name of the company (if applicable), and how they relate to you.

**PART C: INFORMATION THAT CAN BE RELEASED**

This section tells us what information you would like us to release: all or just some.

8. For "all of your information," check the first box.
9. For "limited information," check the second box and the boxes that apply to you.
10. Some topics that may be very personal or sensitive to you. If you wish to approve the release of this type of information, check the box(es) that apply to you.

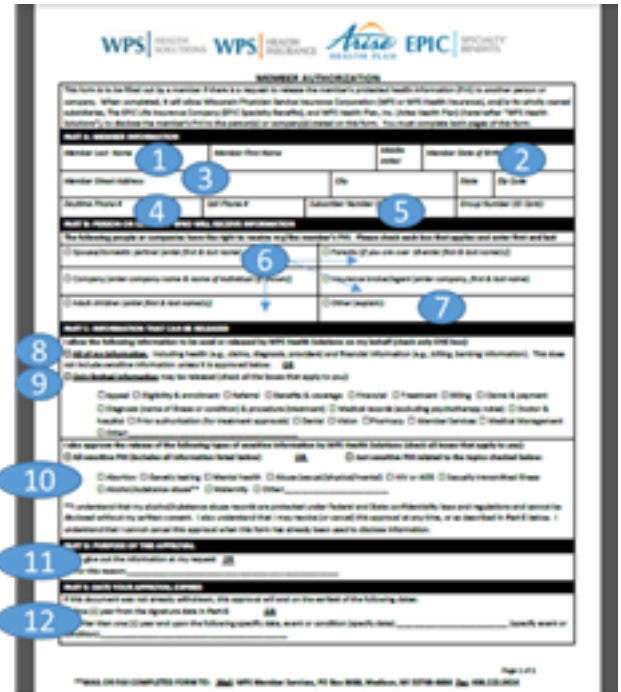
**PART D: PURPOSE OF THIS APPROVAL**

11. This section tells us the reason you've asked for the release of the information.
  - Check the first box to let us know to give out this information as shown on this form.
  - Check the second box for a specific reason. For example, to settle a life insurance claim.

**PART E: DATE YOUR APPROVAL EXPIRES**

12. You have two choices of when you would like your approval to end.
  - Check the first box for the standard one-year that it will end.
  - Check the second box for an expiration on the occurrence of a specific date, event, or condition and state the specific date, event, or condition. For example, upon termination of my policy, on completion of my appeal, or 1/20/2020

\*NOTE: If you select the second box but *do not* provide a specific date, event, or condition, your authorization will only remain valid for one year from the signature date in Part G.



Please read the following for help completing PAGE 2 of the Member Authorization Form

**PART F: FORM OF INFORMATION REQUEST**

13. Specify the format you would like the information request sent.
  - If you select mail, provide the mailing address
  - If you select fax, provide the fax number
  - If you select digital (DVD/CD), provide the mailing address to have the digital copy sent
  - If you select email, provide the email address and review the risks associated with transmitting email.

**PART G: REVIEW AND APPROVAL**

14. **Sign your name and put the date on the form.** Your name and signature must match the information in Part A.
15. **If you are signing this form on behalf of another person, or if you have a Power of Attorney for health care, or are a legal guardian/conservator, you must do the following:**
  - You must complete the Designated Legal Representative/ Guardian section.
  - You must also provide us with a copy of the legal document showing us that you are approved and include it when submitting this form.

Some examples of legal documents may include:

- **Health Care, General or Durable Power of Attorney.** This document gives someone you trust the legal power to act on your behalf and to make health care decisions for you. Often a power of attorney is contingent on the occurrence of an event (e.g., incapacity), so make sure to provide documents that show that the triggering event has occurred.
- **Legal Guardianship.** This is established by a court who will appoint someone to care for another person.
- **Conservatorship.** This happens when a judge appoints a responsible person to make decisions for someone who cannot make responsible decisions for him/herself.
- **Executor of Estate.** This type of document would be used when the person who is being represented has died.
- **Next of Kin.** Where an individual has died without a will naming an executor, you may submit a next of kin affidavit to establish that the person being represented has died intestacy (without a will) and that you are the next of kin. You would need to submit a death certificate along with the affidavit.

Mail or fax a copy of the form to the following address:

**Mail:** WPS Privacy Office  
 P.O. Box 8190  
 Madison, WI 53708-8190

**Fax:** 608.977.9885

The image shows a sample of the 'MEMBER AUTHORIZATION & RELEASE OF INFORMATION FORM'. It includes the logos for WPS Health Solutions, WPS Health Insurance, Arise Health Plan, and EPIC Specialty Benefits. The form is divided into sections:
 

- Part F: Form of Information Request:** This section contains question 13, which asks for the preferred format for the information request (mail, fax, digital, or email). It includes checkboxes for each option and a field for the mailing address.
- Part G: Review and Approval:** This section contains questions 14 and 15. Question 14 is a signature line for the member. Question 15 is for legal representatives, including fields for name, address, phone number, and date.

 Red callout boxes with numbers 13, 14, and 15 are overlaid on the form to highlight these specific sections.

**\*\*Be sure to keep a copy of the form for your records.\*\***