FirstChoice VIP CARE PLUS by Select Health of South Carolina | Healthy Connections PRIME

Personal Representative Form

Please print clearly in blue or black ink.

In order for this Personal Representative Form to be processed by First Choice VIP Care Plus (Medicare-Medicaid Plan):

- The form must be completely filled out.
- A copy of the legal document referred to on this page must be attached to this form.

The Personal Representative Form lists the person who has legal authority to act on your behalf to make health care decisions. This information will remain on file with First Choice VIP Care Plus until revoked by you, or revoked by a court order or law.

If you have questions, please call Member Services at **1-888-978-0862; (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

Member information		
First name:		Middle initial:
Last name:	Date of birth (MM/DD/YYYY):	
Member ID (see ID card):		
Address line 1:		
Address line 2:		
City:	State:	ZIP code:
Home phone number (including area code):		
Mobile phone number (including area code):		
Email address:		

Personal representative information		
First name:		Middle initial:
Last name:		
Address line 1:		
Address line 2:		
City:	State:	ZIP code:
Home phone number (including area code):		
Mobile phone number (including area code):		
Email address:		
Relationship to member:	Date of birth (MM/DD/YYYY):	

A copy of legal documentation must be attached to this form.
If you do not attach legal documentation, this form cannot be processed.

Type of document you are attaching:

☐ Health care power of attorney	☐ Other (please explain):
☐ Guardianship court order (for health care decisions)	
☐ Custodial court order	
☐ Executor/Executrix of estate (member is deceased)	

Signature and date of member's legal personal representative	
Name (print):	
Personal representative's signature:	Date (MM/DD/YYYY):

Please keep a copy of this form for your records.