



# NECA-IBEW Welfare Trust Fund

2120 Hubbard Avenue  
Decatur, Illinois 62526-2871



## APPEAL FORM

### REQUEST FOR REVIEW OF ADVERSE BENEFIT DETERMINATION

#### IMPORTANT INFORMATION REGARDING YOUR APPEAL:

- Your appeal will be reviewed by the Welfare Fund's Appeals Committee. The Appeals Committee consists of five (5) Trustees appointed by participating IBEW Local Unions and five (5) Trustees appointed by participating NECA Chapters.
- Unless otherwise specified in the Welfare Fund's Summary Plan Description, you have up to, but no more than, one hundred eighty (180) days after receipt of an adverse benefit determination to submit an appeal.
- The terms of the Welfare Fund's Summary Plan Description will govern your appeal. The Claims Procedures, which govern procedures applicable to your appeal, are set forth on pages 74 through 81 of the Welfare Fund's Summary Plan Description.
- You, or your authorized representative, have the right to appear in person or via telephone conference before the Appeals Committee. After the Fund Office receives your completed Appeal Form, you will be notified of the date, time and location of the Appeals Committee's meeting during which your appeal will be considered.
- Any expenses incurred by you to attend a meeting of the Appeals Committee will be your responsibility.
- After your appeal is reviewed and considered by the Appeals Committee, you will receive a written decision.

#### INSTRUCTIONS:

- Please complete this Appeal Form and return it to the Fund Office. You may submit this form **by mail** (at the address specified above) or **by facsimile** (217-875-1487).
- Complete **ALL** parts of this Appeal Form and attach **ALL** documentation that you wish for the Appeals Committee to review.
- If additional space is needed, please attach additional pages.

#### PERSONAL/AUTHORIZED REPRESENTATIVE:

- If you wish for another person to speak on your behalf regarding this appeal, then you must complete and submit the Welfare Fund's **Appointment of Personal/Authorized Representative Designation Form**.
- Providers seeking to submit an appeal on behalf of a Claimant must complete the **Appointment of Personal/Authorized Representative Designation Form** even if the provider has provided a power of attorney or assignment of benefits form.
- An electronic copy of the **Appointment of Personal/Authorized Representative Designation Form** is available at [www.neca-ibew.org/Documents-and-Forms](http://www.neca-ibew.org/Documents-and-Forms).

**IDENTIFYING INFORMATION:**

Participant's/Employee's Name: \_\_\_\_\_

Participant's/Employee's Social Security No: \_\_\_\_\_

Participant's/Employee's Address: \_\_\_\_\_

Street Address/P.O. Box


\_\_\_\_\_  
City State Zip Code

Participant's/Employee's Telephone No: (\_\_\_\_\_) \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Social Security No: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

 Provide Patient's Address only if different than Participant's/Employee's Address

Patient's Address: \_\_\_\_\_

Street Address/P.O. Box

\_\_\_\_\_  
City State Zip Code

Patient's Telephone No: (\_\_\_\_\_) \_\_\_\_\_



Patient's Email Address:\*

\_\_\_\_\_

\*Provide email address only if you consent to being contacted by email.

**CLAIM APPEAL**

**Date(s) of Service of Denied Claim(s):\*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Claims not listed will not be subject to this appeal.

(Continued on Next Page)





# NECA-IBEW Welfare Trust Fund

2120 Hubbard Avenue  
Decatur, Illinois 62526-2871



## Instructions for Completing the Appointment of Personal/Authorized Representative Designation Form

1. Review the attached Policy Statement for Recognition of Personal Representative.
2. Complete the “Appointment of Personal/Authorized Representative Designation Form” in its entirety. Print clearly in blue or black ink and answer all questions. If the form is not legible, if a question is left unanswered or if the form is not signed it will be returned to you for completion. An **Appointment of Personal/Authorized Representative Designation Form** must be signed and dated to be valid.
3. Submit the fully completed and signed **Appointment of Personal/Authorized Representative Designation Form** to:

**Fax:** NECA-IBEW Welfare Trust Fund  
Attn: HIPAA Privacy Officer  
Fax Number: 217-875-1487

**Mail:** NECA-IBEW Welfare Trust Fund  
2120 Hubbard Avenue  
Decatur, Illinois 62526-2871

### Important Note:

- ✓ Only the attached **Appointment of Personal/Authorized Representative Designation Form** will be accepted by the NECA-IBEW Welfare Trust Fund. No other authorized personal representative designation forms will be accepted.
- ✓ The Fund will automatically recognize any person who holds a legal Healthcare Power of Attorney for an individual as that individual’s personal representative. However, providers must still complete this Form with original signatures even if the provider has a completed and provided a Healthcare Power of Attorney and/or assignment of benefits form.
- ✓ A Power of Attorney will not be accepted unless it specifically addresses decisions related to healthcare.
- ✓ It is important to understand that when you designate an individual to be your Authorized Representative, you are allowing that person or entity to have access to **all** of your protected health information (PHI). For example: If you only want your doctor to be able to act as your Authorized Representative to discuss a specific claim, then only list the specific claim number(s) or specific date(s) of service and/or diagnosis.
- ✓ If you wish to designate an individual to be your Authorized Representative for an appeal, then check the second “box” on the **Appointment of Personal/Authorized Representative Designation Form** and describe the appeal.

# NECA-IBEW Welfare Trust Fund

## Appointment of Personal/Authorized Representative Designation Form

---

I, \_\_\_\_\_ [Name of Participant or Beneficiary]

Mailing address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

hereby designate: \_\_\_\_\_ [Name of Authorized Representative]

Mailing address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_,

Relationship to Participant or Beneficiary \_\_\_\_\_ to act on my behalf or on

behalf of: \_\_\_\_\_ [Name of Dependent]

### CHECK ONE:

I authorize my Personal Representative to act for me [and for my covered spouse or dependent, if named above,] in receiving any information that is (or would be) provided to me as a participant/beneficiary of the plan, including but not limited to, any information that relates to my claim for coverage or benefits under the Plan and any individual rights that I have regarding my protected health information under HIPAA.

I authorize my Personal Representative to act for me and for my covered spouse and dependents (if named above) in receiving the following protected health information to conduct the following functions on my behalf:

\_\_\_\_\_  
\_\_\_\_\_

I understand that this designation is subject to approval by the Plan. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Plan Office.

I certify that I have reviewed the Plan's Policy Statement for Recognition of Personal Representative.

\_\_\_\_\_  
Participant or Beneficiaries' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

# NECA-IBEW Welfare Trust Fund

## Recognition of Personal Representative Policy Statement

---

This policy and procedure is adopted pursuant to Section 164.502 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and pursuant to Section 2560.503-1 of the claims and appeals regulation under the Employee Retirement Income Security Act ("ERISA"). If the privacy rules are changed by HHS, we will follow the revised rules.

### RECOGNITION OF PERSONAL REPRESENTATIVE EFFECTIVE DATE

April 14, 2003

### RECOGNITION OF PERSONAL REPRESENTATIVE POLICY

1. The Plan will treat a personal representative as the individual for purposes of implementing the HIPAA privacy rules and ERISA's claims and appeals procedure rules.
  - a. The personal representative may only have access to PHI that is consistent with and relevant to the scope of authority set out in the personal representative form.
  - b. The Plan may elect not to treat a person as the personal representative of an individual if:
    - (1) The Plan Administrator or the Privacy Official has a reasonable belief that:
      - (i) The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
      - (ii) Treating such person as the personal representative could endanger the individual; and
    - (2) The Plan Administrator or the Privacy Official, in the exercise of professional judgment, decide that it is not in the best interest of the individual to treat the person as the individual's personal representative.
2. The following individuals will be deemed to be a personal representative of an individual without having to complete a personal representative form, unless the Plan agrees to a request by an individual to restrict disclosure of PHI to the deemed personal representative under Section 164.522 of the privacy regulation:
  - **DEPENDENTS (OTHER THAN SPOUSES) INCLUDING UNEMANCIPATED MINORS:** The Plan will consider a parent or guardian, as defined in Plan Document, as the personal representative of an unemancipated minor unless applicable law requires otherwise, or the Plan agrees to abide by a participant or beneficiary request that the Plan restrict disclosure of PHI to a parent or guardian.
  - **DECEASED INDIVIDUALS:** The Plan will automatically recognize the following persons as personal representatives of deceased individuals or their estates:
    - a. Executors

- b. Administrators
- c. Other persons with authority to act on behalf of the deceased individual or their estate.

The Plan will comply with the terms of this policy and procedure with respect to the PHI of a decedent for a period of 50 years following the date of such decedent's death. After 50 years have passed, the individually identifiable health information of the decedent is no longer considered PHI protected by the privacy rules.

- **TREATING PHYSICIAN REGARDING AN URGENT CLAIM:** In the case of an “urgent claim,” a “health care professional” (as these terms are defined in ERISA’s claims regulation) with knowledge of a participant or beneficiaries medical condition will be automatically recognized by the Plan as a personal representative. The health care professional is deemed to be a personal representative only with respect to the disclosure of PHI directly relating to the urgent claim.
  - **POWER OF ATTORNEY:** The Plan will automatically recognize any person who holds a legal power of attorney for an individual as that individual’s personal representative.
  - **OTHER APPLICABLE LAW:** The Plan will recognize any person who is authorized under State or other applicable law (e.g. court-appointed legal guardian) to act on behalf of the individual in making health care related decisions as that individual’s personal representative.
3. The Plan may disclose PHI to an individual who is not a personal representative (or deemed to be a personal representative) if they are a family member, other relative or close personal friend of the individual, or any other person identified by the individual, and the disclosure is directly relevant to such person’s involvement with the individual’s care or payment for the individual’s care pursuant to Sections 164.510(b) of HIPAA’s privacy regulation. See the Plan’s Policy and Procedure for Uses and Disclosures for Involvement in an Individual’s Care and for Notification Purposes.
4. Where a personal representative form has been completed and approved, it will be recognized by the Plan as long as the individual making the designation is covered by the Plan. The individual has a right to revoke the designation at any time by submitting a signed statement to the Plan Administrator revoking the designation. To designate another individual as personal representative, a new personal representative form must be completed and approved by the Plan.

- 
- Other than those individuals deemed to be personal representatives in paragraph 2 of the Policies related hereto, the Fund will only treat an individual as a personal representative where a personal representative form has been filled out and the Plan Administrator has approved the designation. Individuals may request a copy of the personal representative form by calling the Welfare Trust Fund Administrative Office at (217)875-0254, or an electronic copy of this form is available at [www.neca-ibew.org/Documents-and-Forms](http://www.neca-ibew.org/Documents-and-Forms).

. All personal representatives will be subject to the Fund’s verification procedure.