PERSONAL REPRESENTATIVE APPOINTMENT FORM

IMPORTANT: Please read the front and back of this form before filling it out and signing.

This form lets VIVA HEALTH, Inc., VIVA MEDICARE, VIVA HEALTH Administration, L.L.C. ("VIVA HEALTH") and VIVA HEALTH's Business Associates share your protected health information (PHI) with a person you trust, like a friend or family member. Having a signed Personal Representative Appointment Form on file makes it easier and faster for someone to help you get the care or information you need.

Your Personal Representative can:

- Talk to us about your plan coverage, like monthly premium payments (if you have one) and benefits your plan covers
- Get all medical information we have about you which may include records and notes about treatment, diagnosis, HIV status, pregnancy, mental health, substance abuse, sexually transmitted diseases, and claims we have received from your from doctors, hospitals, or pharmacies
- Change your Primary Care Physician (PCP), if you have a PCP
- File a complaint for you, *if you are a VIVA HEALTH commercial member who receives health insurance from your employer*

Your Personal Representative can't:

- Change or cancel your plan or make other changes to your plan except as noted above
- Decide what kind of care you get from doctors, hospitals, or pharmacies
- File a complaint, appeal, or request a coverage decision for you, if you are a VIVA MEDICARE member
  Note: VIVA MEDICARE members who want to give permission for their Personal Representative to file a complaint, appeal, or request a coverage decision for them, should fill out Form CMS 1696. Call VIVA MEDICARE Member Services to get a copy of this form at 1-800-633-1542. TTY users, call 711. Or, go to VivaHealth.com/Medicare/Member-Resources to download the form from our website.

MEMBER INFORMATION	
Name: (First, Middle, Last)	Address:
Member ID Number: (Shown on Your VIVA HEALTH ID Card)	Date of Birth: (Month/Day/Year)
Your Signature:	Date:
PERSONAL REPRESENTATIVE INFORMATION	
Name: (First, Middle, Last)	Address:
Phone Number: (Include Area Code)	Personal Representative's Relationship to Member:
Personal Representative's Signature:	Date:

Please keep a copy of this form for your records.

By filling out and signing this form, I am agreeing that I have read this form completely and want to appoint the Personal Representative on the front of this page to help me with my health insurance coverage through VIVA HEALTH. **I understand** what my Personal Representative can and can't do as listed above in this form. **I understand** that this authorization is strictly voluntary and is not required to enroll in or receive benefits from VIVA HEALTH. **I understand** that disclosures made to my Personal Representative will not be included in an Accounting of Disclosures.

Effective/Start Date: Your Personal Representative Appointment will become effective as of the date VIVA HEALTH receives this fully completed and signed form.

Right to Revoke (End/Terminate): This appointment will remain in effect until VIVA HEALTH receives a written notice from you revoking (terminating) this appointment. Terminating this appointment will not affect any action VIVA HEALTH's Business Associates took in reliance on this appointment before VIVA HEALTH received your written notice of revocation (termination).

Re-disclosure: Once your information is shared with your Personal Representative, it may no longer be protected by privacy laws.

Personal Representative Exceptions: VIVA HEALTH is not required to treat someone as your Personal Representative if we reasonably believe: (1) you may be subject to domestic violence, abuse or neglect by the Personal Representative; (2) treating the person as your Personal Representative could endanger you; or (3) in the exercise of professional judgment (for example, in a licensed professional's judgment), we determine it is not in your best interest to treat the person as your Personal Representative.

Questions: If you have any questions about this form, please call VIVA HEALTH at one of the numbers listed below. Please mail or fax this completed and signed form to one of the following:

VIVA MEDICARE MEMBERS:

Mailing Address:
VIVA MEDICARE
Attention: Medicare Enrollment
417 20th Street North, Suite 1100
Birmingham, AL 35203

Fax: 205-449-6023

Questions: Please call Member Services at 1-800-633-1542. TTY users, call 711. Our call center hours are from 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, call center hours are 8 a.m. to 8 p.m., 7 days a week).

ALL OTHER VIVA HEALTH MEMBERS:

Mailing Address:
VIVA HEALTH
Attention: Commercial Customer Service
417 20th Street North, Suite 1100
Birmingham, AL 35203

Fax: 205-930-9406

Questions: Please call Customer Service at 1-800-294-7780. TTY users, call 711. Our call center hours are from 8 a.m. to 5 p.m., Monday through Friday.

Please keep a copy of this form for your records.