

Notification of Legal Representative

Why it's important to tell us about your legal representative

Telling Medical Mutual about your legal representative, such as a court-appointed guardian or power of attorney, makes managing your health insurance easier. Your legal representative can speak on your behalf and make decisions about your health insurance. Follow these steps to provide information about your legal representative:

1. Complete Notification of Legal Representative Form

Complete the form on the back of this page. The form provides Medical Mutual with the information necessary to update our records with your legal representative's information.

2. Provide Necessary Documentation

Medical Mutual is required to maintain evidence of your representative's legal authority to act on your behalf. When you submit the form on the back of this page, please submit a copy of court documents legally authorizing your representative. Examples of these court documents include:

- Power of Attorney
- Estate documentation
- Guardianship papers

3. Return the Form and Documents to Medical Mutual

Mail the completed form, along with a copy of the necessary documents, to:

Medical Mutual

P.O. Box 94563

Cleveland, OH 44101

Or fax the completed documents to 1-800-542-2583.

If you have questions about this Notification of Legal Representative Form, or the documents you must submit, please contact Medical Mutual Customer Care at the number listed on your ID card.

Notification of Legal Representative Form



Use this form to tell Medical Mutual about your legal representative, such as a court-appointed guardian or power of attorney. This individual is able to make decisions about your plan and take action on your behalf. This form should be submitted with the supporting documentation that legally authorizes your representative. Examples of supporting documents include power of attorney, estate documentation and guardianship papers.

If you would like Medical Mutual to release your protected health information to an individual who is not your legally authorized representative, or an entity, please complete the Release of Protected Health Information Authorization Form which can be found at MedMutual.com/PHIForm.

Please note: Items marked with an asterisk (*) are required.

Member Information				
Last Name*	First Name*	MI		
Birthdate	Member ID Number*			
Legally Authorized Representative Information				
The below individual is legally authorized to act as my legal representative, within the limits allowed by law and Medical Mutual policy. This individual will be listed as my legally authorized representative until I notify Medical Mutual in writing to remove this information from its records.				
Name*	Relationship*			
Street Address*				
City*	State	ZIP Code		
Primary Phone Number*	Secondary Phone Number			
Email Address				
Legal Representative Signature*	Date			
Member Signature				

Please complete all sections above. Send the signed and completed form to:

Medical Mutual

P.O. Box 94563
Cleveland, OH 44101

Or fax the completed form and documents to 1-800-542-2583.