



Personal Representative Authorization Form

Please send the completed form to TSS Assist at

- **Online submission:** <https://memberlogin.tssadminsolutions.com/#/Login>
- **Email:** customerservice@tssassist.com
- **Mail:** PO Box 211008, Eagan, MN 55121
- **Fax:** +1.949.271.2330

A. INSURED	
Name (Last, First, MI):	
Policy #:	Member ID #:
Date of Birth: (DD/MMM/YYYY, i.e., 23/NOV/1988)	
Address:	
Postal Code:	Country:
Phone:	Fax:
Email:	
B. PERSONAL REPRESENTATIVE	
Name (Last, First, MI):	
Date of Birth (DD/MMM/YYYY):	
Address:	
Postal Code:	Country:
Phone:	Fax:
Email:	



C. AUTHORIZATION

I authorize that the confidential information held by International Claims Services, TSS, CAA, USCHIP, and TSS Assist be released to and/or received by persons or organizations indicated below with your signature. I understand that I am entitled, upon request, to receive a copy of this signed form.

I hereby authorize the request and release of my confidential information held to my personal representative. By appointing the person named below as my personal representative, I understand that I am authorizing to give this person access to my confidential information and medical records, the right to talk to about my medical care and the right to make decisions that will bind me.

This "Personal Representative Authorization" is subject to revocation at any time except to the extent that action has been taken in reliance hereon and, if not earlier revoked in writing, it shall remain valid for two (2) years from date of signature. I agree that a photocopy, e-mailed copy or facsimile (FAX) copy of the authorization shall be accepted and as valid as the original. I know that I may request to receive a copy of this Authorization.

Insured Person	Personal Representative
Name:	Name:
Signature: By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature.	Signature: By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature.
Date:	Date:

Privacy Notice

The Total Scholastic Solutions group of companies includes brokering and management companies, as well as assistance and administration companies. We respect your privacy, and we are all committed to protecting your personal information.

Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at www.totalscholasticsolutions.com/privacy-policy and we would advise you to read the policy, so you understand your rights and your personal data use by the TSS Group.