

LEGAL DOCUMENT REVIEW FORM



Please complete this form and submit it with supporting documentation (e.g., power of attorney, legal documents) to list someone as your legal representative or to be listed as the member’s legal representative.

Please print legibly. All sections must be completed unless otherwise specified.
Incomplete forms won’t be processed.

PART A: Member Information			
Last name	First name		MI
Address	City	State	ZIP code
Home phone no.	Work phone no.	Cell phone no.	
Email	Birthdate (mm/dd/yyyy)	HMSA subscriber no(s).	
PART B: Legal Representative Information			
Last name	First name		MI
Organization name			
Address	City	State	ZIP code
Home phone no.	Work phone no.	Cell phone no.	
Email	Last four digits of driver license no. or state ID no.:		
Birthdate (mm/dd/yyyy)	Relationship to member		
PART C: Supporting Documentation			
I am submitting the following document(s) to support my request:			
<input type="checkbox"/> Power of attorney	<input type="checkbox"/> Advance health care directive	<input type="checkbox"/> Divorce decree	
<input type="checkbox"/> Guardianship document	<input type="checkbox"/> Trust	<input type="checkbox"/> Other	
PART D: Attestation — To be completed by member or the attorney-in-fact (only one needed)			
If you’re submitting a power of attorney document and/or an advance health care directive document, HMSA requires an attestation that the document provided is the most recent version and hasn’t been terminated or revoked.			
Member (principal) I hereby state that the powers granted by the submitted document(s) haven’t been terminated or revoked. Print name: _____ Signature: _____ Date: _____		OR Attorney-in-fact (agent) I hereby state that, to my knowledge, the powers granted to me by the document(s) haven’t been terminated or revoked. Print name: _____ Signature: _____ Date: _____	

Please submit form to:
HMSA Privacy Office, P.O. Box 860, Honolulu, HI 96808-0860 Fax: (808) 952-7580