

ATTENTION

If you, your spouse, or your children call Freedom Claims Management, Inc. on behalf of another family member (over age 18) or want another family member to be able to call on your behalf, you must complete and return this form!

New federal legislation under the Health Insurance Portability and Accountability Act (HIPPA) limits with whom we can discuss your health information. If there is a person or persons with whom you would like us to be able to discuss your or your dependent's health plan information, you must designate them on the reverse side of this form.

INSTRUCTIONS:

- √ A separate form must be complete for each covered member (over age 18) who would like their parents to be able to call on their behalf. For example: The employee would complete a form authorizing their spouse to call us regarding the employee's information and the spouse would need to complete a separate form if they wanted the employee to call about their claims. Children on the plan over age 18 should complete a form if they want a parent to call on their behalf. **Please make additional photocopies as needed.**
- √ Under the "**Member Name,**" state the person who would like other individuals to call on their behalf. Fill in the member's birth date, ID number and group number.
- √ Under #2, list all individuals who will need to call our company regarding the member listed at the top of the form including any licensed insurance agent that may call on your account.
- √ Under #4, place your initials on each line
- √ The member who would like others to call on their behalf must sign the form. A legal Representative (e.g. power of attorney, guardian, etc.) may sign on behalf of a member if we have a copy of the appropriate legal documentation on file.

PLEASE RETURN THIS FORM TO: FREEDOM CLAIMS MANAGEMENT, INC
PO BOX 1365
2318 WASHINGTON
GREAT BEND, KS 67530
620-792-9151 OR 866-792-9151