



DESIGNATION OF INSURANCE REPRESENTATIVE - SHARING OF PROTECTED INFORMATION

Please print or type. Use only blue or black ink.

Name of Member

Member Birth Date

Member Address (Street, City, State, Zip Code)

Member Number

I give permission to WEA Insurance Corporation (WEA Trust) to share protected information as well as to manage my eligibility for coverage, plan benefits, and payment of claims under any WEA Trust policy with my insurance representative listed below.

Redisclosure Policy: I understand that after WEA Trust shares my information with my insurance representatives, the information is not protected by federal and state privacy standards. WEA Trust is not responsible if my insurance representatives share my information with other people.

Dates Covered: WEA Trust can share past, present, and future information with my representatives while I have a WEA Trust plan.

Designated Insurance Representative(s):

Name(s) _____

Address _____

City, State, Zip Code _____

Phone Number _____

Relationship to Me _____

Check this box if this representative replaces a previous designation.

I understand that I do not have to sign this form. I understand that I can always talk to WEA Trust myself. I give WEA Trust permission to treat the person(s) listed on this form as my insurance representative(s) as described above. I know I must send WEA Trust a written request if I want to stop sharing my information.

Member's Signature

Date

If member is 18 or older and cannot sign this form, please provide the reason (i.e., cognitive impairment) and attach an executed copy of the member's Power of Attorney.

Submitting Forms and Correspondence to WEA Trust

To make filling out forms easier, some of our forms are fillable PDFs which allow you to complete and then save the form on your computer or device. Depending on the browser you are using you may or may not be able to use this feature.

Fillable PDFs require Adobe Acrobat or Acrobat Reader/Acrobat DC to fill them out online or on your computer. Many browsers use a different PDF viewer by default that doesn't support fillable form fields.

If you are unable to complete the forms on your computer or device, you may be able to download and save them to your computer and then fill them out. If you are unable to complete the forms on your computer or device or are unable to download the forms, please feel free to call us at **800.279.4000** and we will be happy to mail you paper copies.

Don't forget to save your work to your computer or device often.

You can submit forms and correspondence to us in whatever way works best for you ...

Postal Service

Address your envelope to:

WEA Trust

PO Box 259537

Madison, WI 53725-9537

Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

608.276.9119

Secure File Upload

Send scanned or electronically completed forms to us via our www.weatrust.org website at:

<https://weatrust.org/secure-file-upload-1>

Email

Attach your scanned or electronically completed forms to an email and send to us at:

customerservice@weatrust.org

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.