

SeniorsGetMore.org | 855-833-8125

Please Note: This form is used to revoke the individual listed below as your Personal Representative. By doing so, the individual will no longer be able to act on your behalf in regards to your health care coverage provided by Boston Medical Center HealthNet Plan Senior Care Options. All fields are required. Incomplete or incorrect forms will be returned.

Member Information (Please print information clearly)			
YOUR MEMBER ID NUMBER (FOUND ON YOUR PLAN ID CARD)			
MEMBER'S LAST NAME			
FIRST NAME		MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE			

Personal Representative Information	
I hereby revoke the following individual as my Personal Representative.	
PERSONAL REPRESENTATIVE NAME	DATE OF BIRTH
RELATIONSHIP TO MEMBER	

I understand that my revocation of my designation of my Personal Representative will be effective upon receipt and processing of my written revocation and that the revocation will not be valid where Boston Medical Center HealthNet Plan Senior Care Options has already acted in reliance upon my designation.

Member's Signature	Date
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BMC HEALTHNET PLAN USE ONLY	
REQUEST RECEIVED BY:	DATE (MM/DD/YYYY)

Mail or Fax completed form to:

Boston Medical Center HealthNet Plan Senior Care Options
 Attn: Member Services Dept.
 529 Main Street, Suite 500
 Charlestown, MA 02129

Fax: 617-897-0884