

ALTERNATE PAYEE REQUEST

Name of Participant _____
Providing Health Coverage: _____
Participant's Identification Number: _____
Your Relationship to the Participant: _____
Alternate Payee Name: _____
Alternate Payee Address: _____
Alternate Payee Phone Number: _____

Reason for Request: Custodial Parent Legal Separation Estate Adult Child

If this is an alternate payee request for child(ren), you must submit a legal document such as a copy of the divorce decree, child support order, or any other legal document that verifies custodial arrangements of the child(ren), if you have not already done so. **If Participant is providing primary insurance coverage, TeamCare requires approval and signature of the Participant to set up the alternate payee address for the child(ren) unless the relevant legal document not only provides for sole custody by the alternate payee, but also gives that parent sole authority to make medical decisions on behalf of the child(ren). This form will not waive or terminate parental rights.** A parent who does not have legal custody is always entitled to review a copy of any explanation of benefits (EOB) for his or her minor child(ren). However, requests to review an EOB will be denied when expressly prohibited by HIPAA laws and regulations.

If the alternate payee address is on behalf of the estate of a deceased Participant or beneficiary, you must submit documents to establish that you have legal authority to act on behalf of the estate.

If the alternate payee address is on behalf of an adult child, the adult child should sign below. The signature of the Participant is not required.

Please list the child(rens) full name(s) and birthdate(s):

Name(s): _____ Birthdate(s): _____

Alternate Payee Signature: _____ **Date:** _____
Participant Signature: _____ **Date:** _____

Please mail the completed form to: Privacy Officer
TeamCare
PO Box 5125
Des Plaines IL 60017-5125

Please allow 3 to 5 business days to set up the alternate payee address. If you have any questions, you may call our Participant Services Department at 800-TEAMCARE.