

PERSONAL IDENTIFICATION FORM

INSURED'S NAME: _____

DESIGNATED REPRESENTATIVE NAME: _____

Please complete and return one copy with the Designated Representative Form. Failure to fully complete and return the Designated Representative form and one copy of the Personal Identification forms will result in non-acknowledgement of the Designated Representative Authorization.

Please complete and keep the second copy of this form for your future use.

DESIGNATED REPRESENTATIVE PERSONAL IDENTIFICATION NUMBER

Please select a numeric four digit personal identification number

Please select and answer **two** of the following questions. This will allow Mid-America Associates to verify your identity in the event you misplace or forget your personal identification number.

1. What is the name of the street you grew up on? _____
2. What was the make/model of your first car? _____
3. What is your favorite color? _____
4. The last four numbers of your driver's license? _____
5. Other, provide your own question/answer? _____

The Personal Identifier is designed for the purposes of protecting your privacy and that of the person for which you are the Designated Personal Representative, per the requirements of HIPAA (Health Insurance Portability and Accountability Act). Mid-America Associates performs all reasonable efforts to validate the identity of each caller. Knowledge of your Personal Identification Number and/or the answers to two of the five questions above will be considered

adequate information to identify the caller as the Designated Representative. For this reason, please do not share your identifiers with anyone.