DECEASED MEMBER REPRESENTATIVE FORM

Please complete this form and submit it with supporting documentation (e.g., legal document, death certificate, trust, etc.) to be listed as the legal representative of the deceased member.

Please print legibly. All sections must be completed unless otherwise specified.
Incomplete forms won't be processed.

PART A: Member Information			
Last name	First name		MI
Address	City	State	ZIP code
Home phone no.	Work phone no.	Cell phone no.	
Email	Birthdate (mm/dd/yyyy)	HMSA subscriber no(s).	

PART B: Estate Executor/Administrator

1. Is there an estate executor or administrator for the deceased member?
   (Estate executor/administrator is a person who has been appointed by a trust, court, etc., with legal authority to act on behalf of the deceased member or the estate.)
   ☐ Yes, go to #2 ☐ No, skip to #3
2. I'm submitting the following document(s) to support the appointment of the estate executor or administrator:
   ☐ Court order ☐ Trust ☐ Member's death certificate
   ☐ Other (please state):

   Skip #3 and go to Part C
3. The deceased member doesn't have an estate executor or administrator. I'm submitting the following document(s) to support my request to be listed as the member's next of kin:
   ☐ Marriage certificate ☐ Birth certificate (indicating your relationship to member) ☐ Member's death certificate
   ☐ Other (please state):

PART C: Representative Information			
Last name	First name		MI
Organization name			
Address	City	State	ZIP code
Home phone no.	Work phone no.	Cell phone no.	
Email	Last four digits of driver license no. or state ID no.		
Birthdate (mm/dd/yyyy)	Relationship to member		

Please submit form to:
HMSA Privacy Office, P.O. Box 860, Honolulu, HI 96808-0860 Fax: (808) 952-7580