

CLM-Assignment of Bft

CALPERS LONG-TERM CARE PROGRAM
ASSIGNMENT OF BENEFITS

Claimant Name:

Coverage ID #:

I, _____, the Claimant or the guardian of the Claimant (legal documentation of guardianship or other representative capacity, if appropriate, is attached), hereby authorize direct payment to _____ any Long-Term Care benefits otherwise payable to or on behalf of the Claimant for the service provider at a rate not to exceed the Provider's regular charges. It is agreed that payment to the Provider, pursuant to this Assignment of Benefits, by the plan administrator shall discharge CalPERS Long-Term Care Program of any and all obligation under the plan to the extent of such payments. It is understood by the undersigned that he/she is financially responsible for any charges not covered by this Assignment of Benefits. This Assignment of Benefits is valid for the CalPERS Long-Term Care Program.

Service Provider Representative Signature

Claimant/Legal Representative Signature

Printed Name of Service Provider Representative

Printed Name of Claimant/Legal Representative

Date

Financial Power of Attorney is attached if signed by a Legal Representative

Provider's Federal Tax ID Number 27-2790495

Name of Service Provider

Address of Service Provider

City:

State

Zip Code

23151 Moulton Pkwy #103C
Laguna Hills CA 92653