

**Office of Management and Enterprise Services  
Employees Group Insurance Division  
Durable Power of Attorney**

**Please read this important information.**

The Office of Management and Enterprise Services Employees Group Insurance Division (EGID) administers medical, dental, vision, life, and disability plans on behalf of state, education and local government employees. This EGID Durable Power of Attorney is intended to be used by you to permit another person to conduct transactions related to your EGID insurance accounts that you, as Grantor, could conduct yourself. It provides your Attorney-in-Fact access to all of your business with EGID (excluding Personal Health Information) and allows EGID to treat the signature of your attorney-in-fact as though it were your signature. For this reason, it is important that you designate a trusted family member or friend as your attorney-in-fact. **The use of this form is limited to EGID business only and is not to be considered a general power of attorney.** This EGID Durable Power of Attorney form will be accepted for most business transactions with EGID.

**Other Powers of Attorneys.** If you already have a power of attorney on file at EGID you may want to review it with your attorney to be sure it covers your business needs and is still in effect.

**Carefully read any power of attorney form before you sign it.** Be sure to consult your attorney regarding its purpose and the legal rights that are affected by the grant of such power to another person. Your particular circumstances may indicate the need for granting either broader or more restrictive rights than are provided for in this form. This EGID Durable Power of Attorney is durable is therefore valid and remains effective if you subsequently become disabled or incompetent. In the event of your death, this EGID Durable Power of Attorney will terminate.

**The use of this form does not authorize the release of protected health information. To grant this authorization you should execute a separate Authorization to Disclose Personal Health Information. You should contact your medical carrier to obtain the necessary form. If HealthChoice is your medical carrier the form can be found on the OMES EGID website.**

#### **Instructions**

If you decide to use this EGID Durable Power of Attorney form, please read the instructions below:

1. Complete the Identification Form and the EGID Durable Power of Attorney.
2. All applicable blanks in the forms must be filled in. If not applicable, mark n/a.
3. Your signature must be witnessed by two individuals eighteen (18) years of age or older, not related to you or your designated attorney(s)-in-fact by blood or marriage.
4. If you do not include a termination date, it will be presumed to be in effect until either your death or written revocation is received by EGID.
5. You have the option of appointing an alternate attorney-in-fact to represent you in case your first appointee dies or is unwilling to serve. Written notification will be required to appoint the alternate attorney-in-fact.

**It is important that you return the completed EGID Durable Power of Attorney form and the Identification Form by mailing them to EGID, Attn. Member Accounts, P. O. Box 58010, Oklahoma City, OK 73157, or faxing them to EGID Member Accounts, 405-717-8939. If you have any questions on how to complete these forms, please contact your attorney.**

**Identification Form for You and Your Attorney-in-Fact (Please Print)**

**Your Information (Grantor)**

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Your Name:            First                    MI                    Last                    Phone

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Social Security Number                    Member ID No.                    Date of Birth (mm/dd/yy)

**Your Attorney-in Fact Information**

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Name:            First                    MI                    Last

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Social Security Number                    Date of Birth (mm/dd/yy)

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Relationship to member (e.g., parent, spouse, child or friend)                    Telephone Number

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Physical Address (P.O. Box cannot be accepted)                    City                    State                    ZIP Code

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Mailing Address (if different)                    City                    State                    ZIP Code

**Successor Attorney-in-Fact Information (if applicable)**

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Name:            First                    MI                    Last

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Social Security Number                    Date of Birth (mm/dd/yy)

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Relationship to member (e.g., parent, spouse, child or friend)                    Telephone Number

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Physical Address (P.O. Box cannot be accepted)                    City                    State                    ZIP Code

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Mailing Address (if different)                    City                    State                    ZIP Code

**OFFICE OF MANAGEMENT AND ENTERPRISE SERVICES  
EMPLOYEES GROUP INSURANCE DIVISION (EGID) POWER OF ATTORNEY**

I, \_\_\_\_\_, ("Grantor"), presently residing at \_\_\_\_\_  
\_\_\_\_\_ (Address) desiring to execute this EGID POWER  
OF ATTORNEY, do hereby appoint \_\_\_\_\_ (Name of Attorney-  
in-Fact), as my Attorney-in-Fact. If my Attorney-in-Fact is no longer able to or unwilling to serve  
as my legal representative, then I appoint \_\_\_\_\_ (Name of Successor  
Attorney-in-Fact), to serve as my Successor Attorney-in-Fact instead of the first named person. I  
intend for my Attorney-in-Fact to act for me and in my name, to do all acts whatsoever concerning  
my medical, dental, vision, life, and/or disability plans maintained, issued, managed, administered  
or held by EGID, necessary and advisable in the judgment of my Attorney-in-Fact and as permitted  
by law, as fully as I could do if personally present and acting, including but not limited to:

- (a) Paying the premiums, terminating or executing rights on any contract of insurance presently owned by me or hereinafter acquired;
- (b) Procuring (subject to eligibility and underwriting requirements) different or additional medical, dental, vision, life, and/or disability plans maintained, issued, managed, administered or held by EGID;
- (c) Establishing or changing policy and billing addresses;
- (d) Establishing or changing beneficiary designations applicable to any life insurance policy contract that I own; provided however that my Attorney-in-Fact may be named a beneficiary of my life insurance policy, or any extension, renewal, or substitute for it, only to the extent my Attorney-in-Fact is named as a beneficiary under a contract procured by myself before executing this Power of Attorney, as mandated by Title 15 Okla. Stat. Sec. 1012 (4).
- (e) Receiving all notices normally provided to the owner or named insured of any insurance contract;
- (f) Applying for, receiving delivery of, or amending any insurance contract;
- (g) Executing documents accepting or rejecting insurance coverages;
- (h) Doing all things necessary to the settlement of a claim including but not limited to the execution of releases and receipt of insurance proceeds.

## GENERAL PROVISIONS

- (a) All business transacted pursuant to the EGID DURABLE POWER OF ATTORNEY for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my Attorney-in-Fact for the purpose of carrying out of any of the foregoing powers, shall contain my name, followed by that of my Attorney-in-Fact and the designation, "Attorney-in-Fact." Additionally, I authorize my Attorney-in-Fact to use my online/user identification to register and/or access the EGID website or other EGID channels of communication and perform transactions there on my behalf. This includes, without limitation, the authority to sign up for (or suspend or cancel) electronic delivery of information, statements, confirmations, reports, bills, notices, disclosures, agreement forms, correspondence or other documents related to my EGID accounts and products, as well as electronic bill pay.
- (b) This EGID POWER OF ATTORNEY is durable and is not affected by my subsequent disability or incapacity.
- (c) If the authority contained herein shall be revoked, or terminated by operation of law, without notice, I hereby agree for myself, my executors, administrators, heirs and assigns, in consideration of my Attorney-in-Fact's willingness to act pursuant to this EGID POWER OF ATTORNEY, to indemnify, save and hold my Attorney-in-Fact harmless from any loss suffered or any liability incurred by my Attorney-in-Fact in so acting after such revocation or termination without notice. Also, I hereby agree for myself, my executors, administrators, heirs and assigns, in consideration of EGID following the instructions or directions of my Attorney-in-Fact to indemnify EGID, its officers, directors, trustees, employees, agents, successors, heirs and assigns and hold each of them harmless from any and all liability, losses, claims and costs, including attorney's fees, which may arise out of, in connection with, or related to any and all instructions, directions, dealings, or other acts done or caused to be done by my Attorney-in-Fact (or EGID's justified refusal to follow such instructions). Revocation of this EGID POWER OF ATTORNEY is not effective until EGID receives notice of the revocation as specified in this document.

## TERMINATION

Expiration Date (Optional): \_\_\_\_\_. (No date indicates the document remains effective until written revocation is received by EGID.) Unless sooner revoked or terminated by me by written notice addressed to EGID, this EGID POWER OF ATTORNEY shall become NULL and VOID from and after the Expiration Date. Upon termination or revocation, I agree to change and/or re-establish my password for access to the EGID website and/or mobile applications and any other communication channel with EGID.

