

Personal Representative Appointment

I, _____,
(Please Print)

do hereby appoint _____
(Please Print)

as my personal representative to act on my behalf in the matters of health insurance with Student Insurance.

I understand this is a voluntary designation and that this designation gives the personal representative the same rights to my health insurance information as myself. This appointment will expire at the end of the current academic/policy year.

Please complete the following information:

Insured Information	Personal Representative Information (Necessary for Identity Verification)
_____	_____
Insured's Name	Personal Representative's Name
_____	_____
Insured's Policy Number or ID Number	Address
_____	_____
Date	Address
_____	_____
Insured's Signature	Address
_____	_____