

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
UnitedHealthcare **StudentResources**.

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 and fax it to 267-406-4191:

INSURED INFORMATION
School Name
Insured's Name
Insured's Policy Number or ID Number
Insured's Address
Date

PERSONAL REPRESENTATIVE INFORMATION (Necessary for Identity Verification)
Personal Representative's Name
Personal Representative's Address
Insured's Signature