

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

Mail the completed form to:
FIRSTSTUDENT
PO Box 809067
Dallas, TX 75380-9067