

# 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 469-229-5510:**

<b>INSURED INFORMATION</b>
<b>Insured's Name</b>
<b>Insured's Policy Number or ID Number</b>
<b>Insured's Address</b>
<b>Date</b>

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