

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.

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 (Necessary for Identity Verification)

Personal Representative Information

Insured's Name

Personal Representative's Name

Insured's Policy Number or ID Number

Address

Date

Address

Address

Insured's Signature

Address

Mail the completed form to:
Insurance for Students, Inc
1690 S. Congress Ave, Suite 101
Delray Beach, FL33486
Or fax to 954-772-0872