

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)

Insured's Name

Insured's Policy Number or ID Number

Date

Insured's Signature

Personal Representative Information

Personal Representative's Name

1690 S. Congress Ave.

Address

Address

Suite 101

Address

Address

Delray Beach, FL 33445

Address

Address

Mail the completed form to:
Insurance for Students, Inc

1690 S. Congress Ave, Suite 101
Delray Beach, FL 33445
Fax to 954-772-0872