

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.

To expedite the process, please go to our website at www.uhcsr.com and access your existing account or create My Account then submit this form online.

INSURED INFORMATION
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