

Personal Representative Appointment

I, _____,
(Please Print)

do hereby appoint **Student Insurance** as my personal representative to act on my behalf in the matters of health insurance with The Lower Agency.

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
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 STUDENT INSURANCE Emily Araki (mother)
Personal Representative's Address 10801 National Blvd., Suite 603 Los Angeles, CA 90064
Insured's Signature