

Personal Representative Appointment

Please complete, have the individual sign, print and fax this form to: [verifying]

I,

(Please Print)

do hereby appoint

(Please Print)

as my personal representative to act on my behalf in the matters of health insurance with BMI Benefits LLC.

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.

INSURED INFORMATION

Insured's Name

Insured's Policy Number or ID Number

Insured's Address

Insured's Signature

PERSONAL REPRESENTATIVE INFORMATION

(Necessary for Identity Verification)

Personal Representative's Name

Personal Representative's Address

Date