

# 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**

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## PERSONAL REPRESENTATIVE INFORMATION (Necessary for Identity Verification)

**Personal Representative's Name**

**Personal Representative's Address**

**Date**