

## Personal Representative Appointment

I, \_\_\_\_\_ do hereby appoint as my personal representatives Tim Cummons and Paige Fritze of RCM&D, Inc. to act on my behalf in the matters of health insurance with United Healthcare Student Resources.

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, have the individual sign, print and email this form to: [tcummons@rcmd.com](mailto:tcummons@rcmd.com) or [pfritze@rcmd.com](mailto:pfritze@rcmd.com).

Insured Information	Personal Representative Information
Name of Insured	Tim Cummons Paige Fritze
Name of College  <b>Bryn Mawr College</b>	RCM&D, Inc.
Policy Number or Student ID Number	
Insured's Mailing Address	555 Fairmount Avenue Towson, MD 21286
Insured's Signature	Date: