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 or pfritze@rcmd.com.

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| Insured Information | Personal Representative Information |
| Name of Insured | Tim Cummons Paige Fritze |
| Name of College**Loyola University of Maryland** | RCM&D, Inc. |
| Policy Number or Student ID Number |  |
| Insured’s Mailing Address | 555 Fairmount AvenueTowson, MD 21286 |
| Insured’s Signature | Date: |