

Personal Representative Appointment

I, _____,
(Please Print)

do hereby appoint _____
(Please Print)

as my personal representative to act on my behalf in the matters of health insurance with
UnitedHealthcare StudentResources.

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 and fax it to 469-229-5510.

To expedite the process, please go to our website at www.uhcsr.com and access your existing
account or create My Account then submit this form online.

INSURED INFORMATION
Insured's Name
Insured's Policy # (as shown on ID Card)
SRID # ID Number (as shown on ID Card)
Insured's Address
Date

PERSONAL REPRESENTATIVE INFORMATION Necessary for Identity (Verification)
Personal Representative's Name
Personal Representative's Address
Insured's Signature

NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in others languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card or 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

언어지원서비스를무료로이용하실수있습니다.

Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723. **Yiddish**
שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך פריי פון אפצאל.
ביטע רופט 1-866-260-2723.

Yoruba
Isẹ̀ ìràn!ọwọ̀ èdè tí ó jẹ ọfẹ́, wà fún ọ. Pe 1-866-260-2723.