

Personal Representative Appointment

I, _____,
(Please Print)

do hereby appoint Office of Educational Affairs, Royal Thai Embassy as my personal representative
(Please Print)

to act on my behalf in the matters of health insurance with _____.
Insurance Company's name

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

INSURED INFORMATION	PERSONAL REPRESENTATIVE INFORMATION <small>(Necessary for Identity Verification)</small>
Insured's Name	Personal Representative's Name Rangsimma Charubha Minister (Education)
Insured's Policy Number or ID Number	Personal Representative's Address Royal Thai Embassy Office of Educational Affairs 1906 23rd Street N.W. Washington, DC 20008
Insured's Address	
Date	Insured's Signature