Personal Representative Appointment

I, _____,
First-name Last-name (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 ……..…. …….
(Your 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** **(Necessary for Identity Verification)**
Insured's Name Your insurance company's name	**Personal Representative's Name** Wachira Tirakornvisesphukdi
Insured's Policy Number or ID Number Your insurance company's policy number	**Personal Representative's Address** Royal Thai Embassy Office of Educational Affairs 1906 23rd Street N.W. Washington, DC 20008
Insured's Address Your full street address	This box is intended to be left blank
Date Today's date	**Insured's Signature** Your Signature

(If you enroll your health insurance through **OEA**, please specify insurance company "**AETNA Life Insurance Company**" & Policy Number "**474927**")