

**A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES
HEALTH INSURANCE OPERATIONS**

DESIGNATION OF PERSONAL REPRESENTATIVE

I, _____, **[NAME]**, hereby designate the person named below to act as my **personal representative** and to represent my insured dependents, under the age of 18, who are listed below, with Standard Life and Accident Insurance Company (SLAICO) with full authority to act on my behalf and on behalf of the listed insured dependents for all transactions with SLAICO. For the purposes of this designation, health information includes, but is not limited to, information pertaining to diagnosis, treatment, services planned and received, claims, benefit coverage and enrollment information.

The designation of **personal representative** is voluntary and may be revoked at any time by calling or writing SLAICO. SLAICO is held harmless for any action that could arise from the use of health information released by SLAICO to my **personal representative** .

Full name of **Personal Representative** (print)

Title/Relationship

Mailing Address (city, state, zip)

Daytime Phone Number

Evening Phone Number

Dependent(s) Name(s) and Date(s) of Birth

Signature of Individual listed above

Social Security #

Date

Policy/Certificate/Group #(s) List each number that applies

I agree to act as the **personal representative** of this individual(s) and any dependent(s) listed above and acknowledge my responsibility in doing so.

Personal Representative Signature

Date

Last 4 digits of the
Representative's Social Sec
(to verify Identity)

If you have any questions about Personal Representatives, call SLAICO at (888) 350-1488. Please note that the completed form must be received by SLAICO. Please send this form to: Standard Life and Accident Insurance Company, P.O. Box 10746, Springfield, MO 65808-0746 or fax to 409-621-3919.