

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 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 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 Student Resources 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.

LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English

Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic

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Arabic

تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 1-8-260-662723

Armenian

Ձեզ մատչելի են անվճար լեզվակալան օգնությունները Ծանայություններ: Խնդրում ենք զանգահարել 1-866-260-2723 համարով:

Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala

ঘাষণা : ভাষা সহায়তা পিরেষবা আপিন িবনামূেল পেত পারেন। দয়া কের 1-866-260-2723-ত কল ক ন।

Burmese

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Cambodian- Mon-Khmer

សេវា ជំនួយភាសា ខ្មែរសង្គមភារកិច្ច ឧស បំណា រ សូមទូរស័ព្ទ ១៨៦៦ ២៦០ ២៧២៣

Cherokee

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Chinese

您可以免費獲得語言援助服務。請致電 1-866-260-2723。

Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla hg chi apela hinla. I paya 1-866-260-2723.

Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

Dutch

Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

SR LAP 64 (6-21)

French

Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

French Creole- Haitian Creole

Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greek

Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

ભાષા સહાય સેવાઓ તમારા માટે િન: ક ઉપલ ધ છે . ુપા કર ને 1-866-260-2723 પર કોલ કરો.

Hawaiian

Kōkua manuahi ma kāu ‘ōlelo i loa’a ‘ia. E kelepona i ka helu 1-866-260-2723. **Hindi** आप के लए भाषा सहायता सेवाएं नःशुक उपल ध ह। कृपया

1-866-260-2723 पर कॉल कर।

Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Enyemaka na-ahazi asụsụ, bu n’efu, dịrị gị. Kpọọ 1-866-260-2723.

Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesian

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

Italian

Sono disponibili servizi di assistenza linguistica gratuiti.

J a p a n e s e
Chiamare il numero 1-866-260-2723. 1-866-260-2723Karen 無

料の言語支援サービスをご利用いただけます。 までお電話ください。

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Korean

언어지원서비스를 무료로 이용하실 수 있습니다.

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 ìrànṣẹ̀wọ́ èdè tí ó jẹ̀ ọ̀fẹ́, wà fún ọ. Pe 1-866-260-2723.