

Personal Representative Appointment

I, _____,
First name Last name

do hereby appoint Office of Educational Affairs, Royal Thai Embassy as my personal representative
to act on my behalf in the matters of health insurance with _____.
Your insurance company's name *

I understand that 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 2026/2027 policy year. **(Please provide the following information.)**

INSURED INFORMATION	PERSONAL REPRESENTATIVE INFORMATION (Necessary for Identity Verification)
Insured's Name Your full name	Personal Representative's Name Pamornpan Wong-ngoen Minister (Education)
Insured's Policy Number ** or ID Number Your insurance policy number	Personal Representative's Address Royal Thai Embassy Office of Educational Affairs 1906 23 rd Street N.W. Washington, D.C. 20008
Insured's Address Your full street address	This box intentionally left blank
Date Today's date	Insured's Signature Your Signature

If enrolled through the Office of Educational Affairs, Royal Thai Embassy, please state your insurance company's name as * **Aetna Life and Casualty (Bermuda), Ltd.**, and your insured's policy number as ** **299959**
