

**AMERICAN NATIONAL INSURANCE COMPANY  
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 American National Insurance Company (ANICO) with full authority to act on my behalf and on behalf of the listed insured dependents for all transactions with ANICO. 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 ANICO. ANICO is held harmless for any action that could arise from the use of health information released by ANICO 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 ANICO at (800) 899-6520. Please note that the completed form must be received by ANICO. Please send this form to: American National Insurance Company, P.O. Box 10746, Springfield, MO 65808-0746 or fax to 409-621-3919.