



Mail completed forms to: Amwins Rx
 50 Whitecap Drive
 North Kingstown, RI 02852
 Attn: Customer Service Dept

email forms to: customercare.agbi@amwins.com

APPOINTMENT OF REPRESENTATIVE

NAME OF MEMBER: _____

MEMBER ID NUMBER: _____

SECTION I: APPOINTMENT OF REPRESENTATIVE

To be completed by the Member:

I appoint this individual: _____ to act as my representative in connection with my Coverage. I understand that personal medical/prescription information related to my request may be disclosed to the representative indicated below.

 SIGNATURE OF MEMBER

 DATE

 STREET ADDRESS

 PHONE NUMBER (AREA CODE)

 CITY, STATE

 ZIP

SECTION II: ACCEPTANCE OF APPOINTMENT To be completed by the representative:

I, _____, hereby accept the above appointment.

I am a / an _____
 (PROFESSIONAL STATUS OR RELATIONSHIP TO THE PARTY, E.G. ATTORNEY, RELATIVE, ETC.)

 SIGNATURE OF REPRESENTATIVE

 DATE

 STREET ADDRESS

 PHONE NUMBER (AREA CODE)

 CITY, STATE

 ZIP

FOR INTERNAL USE ONLY	
_____ Date Received	_____ Insured Account #