

# Form for *Power of Attorney*



**INTERNATIONAL**

A division of Morgan White Group

3191 Coral Way, 7th Floor  
Miami, FL 33145

I, \_\_\_\_\_, being of full age of majority, acting for myself and on behalf of my family members listed below:

Name	Name
Name	Name
Name	Name

Hereby make, constitute and appoint \_\_\_\_\_ as true and lawful attorney for me and my family members, and give and grant to said attorney, with full power of substitution, the power and authority to apply for and enter into an international health insurance policy to cover me and my family members listed above. Said attorney, or his substitute, may do and perform all and every act and thing whatsoever requisite and necessary to be done in regard to the application and issuance of said health insurance policy as I might or could do if done by virtue hereof.

The particulars regarding the person or persons to be insured are found in the attached form and referred to as the Health Application, which may be comprised of one or more parts. I understand said attorney will utilize the information contained on the above referenced forms to try and obtain an international health insurance policy for all of the proposed insureds, and accordingly declare to the best of my knowledge, all information provided by me is truthful and complete. My attorney shall have discretion to choose an insurer or insurance trust with coverage subject to terms and conditions contained in the policy as issued. The policy to be issued shall contain the following minimum terms:

<b>Annual deductible of</b>	US \$
<b>Maximum lifetime benefit</b>	US \$
<b>Annual Premium</b>	US \$
<b>Currency of Policy</b>	US Dollars

I further understand I shall have 10 days after the issuance of the international health insurance policy in which to cancel said policy, and thereafter, said policy shall be accepted as issued and become a binding document.

I execute authorization and Power of Attorney for said attorney or his substitute to apply for and contract an international health insurance policy on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Grantor

## *Transfer and Substitution of Attorney named in Power of Attorney*

I hereby transfer to MWG International, as my substitute attorney, all rights granted to me through Powers of Attorney from applicants for international health insurance policies. Said substitute, MWG International, is hereby empowered to do and perform any act and thing as I might or could do if personally present, ratifying and confirming all said substitute attorney shall lawfully do or cause to be done by virtue hereof.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_