



International Union of Operating Engineers – Local 4

Authorization to Disclose Claims Information to My Designee

In order for the Health & Welfare Plan to answer questions about your Health & Welfare claims with anyone other than you, we must have your permission to do so. This authorization only applies to information that the Health & Welfare Plan has on file as pertains to the processing of your claims.

Participant Authorization

I, _____ UEF _____
(PRINT LOCAL 4 PARTICIPANT NAME) (IDENTIFICATION NUMBER)

authorize IUOE Local 4 Health & Welfare Plan to disclose protected health information for me as it relates to the processing of claims to the individual named below:

Name of person authorized: _____
(PRINT NAME)

Relationship to me: Spouse Other _____
(PLEASE DEFINE)

I understand that this authorization may be revoked in writing to the IUOE Local 4 Health and Welfare Plan at any time, although revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed.

This authorization expires three years from the date signed.

My Signature _____ Date _____
(LOCAL 4 PARTICIPANT)

Spouse/Dependent Authorization

I, _____ UEF _____
(PRINT SPOUSE OR DEPENDENT NAME) (IDENTIFICATION NUMBER)

authorize IUOE Local 4 Health & Welfare Plan to disclose protected health information for me as it relates to the processing of claims to the individual named below:

Name of person authorized: _____
(PRINT NAME(S))

Relationship to me: Spouse Mother Father Other _____
(PLEASE DEFINE)

I understand that this authorization may be revoked in writing to the IUOE Local 4 Health and Welfare Plan at any time, although revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed.

This authorization expires three years from the date signed.

My Signature _____ Date _____
(SPOUSE, DEPENDENT OR OTHER SIGNIFICANT INDIVIDUAL OF LOCAL 4 PARTICIPANT)

Note: If you are a spouse of a former participant and now covered under your own UEF number please complete the top portion of this form since you are now the participant.