

**CONSTRUCTION
INDUSTRY LABORERS
FRINGE BENEFIT FUNDS**

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Kansas City, MO 64190-9500
(816) 777-2669
(833) 479-9429 (toll free)
(816) 756-3659 (fax)

Managed for the Trustees by
Wilson-McShane Corporation

Family Privacy Form

I, _____, hereby authorize the following named individual(s) to
Print Name

act on my behalf to:

- ❖ Receive PHI from the Construction Industry Laborers Welfare Fund, and
- ❖ Enforce any individual rights I have regarding PHI under The HIPAA Privacy Rule.

1. _____
Name Social Security Number
2. _____
Name Social Security Number
3. _____
Name Social Security Number

I understand (1) that this designation is subject to approval by the Construction Industry Laborers Welfare Fund; (2) this designation will remain in effect unless I revoke it in writing; (3) that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Fund Office.

Signature Date Social Security Number

I am: (Please check the appropriate box)

- Eligible Member
- Eligible Spouse
- Eligible Adult Child
- Other – Please explain: _____