



**AUTHORIZATION FOR RELEASE OF INFORMATION – CWA LOCAL 3108, ORLANDO, FL**

MEDICAL PLAN CLAIM ADMINISTRATOR NAME: \_\_\_\_\_

To the Medical Plan Administrator named above (*the* "Claim Administrator") I hereby authorize the below designated individual(s), who is a duly designated representative(s) of the Communication Workers of America (CWA) to act on my behalf in connection with the benefit issue(s) as described below:

**PLAN:**  Short-term disability  Long-term /Retirement disability  Family & Medical Leave Act  Other \_\_\_\_\_

I authorize the Claim Administrator to release to the below designated CWA representative(s) and the plan holders, Bellsouth Telecommunications Inc. / AT&T Mobility, LLC, or its representative(s), any and all information and documentation requested by them which specifically relates to the benefit issue described above, including but not limited to medical or clinical information and documentation relating to the request to the extent allowed by state and federal law. The below designated individuals agree to use this information and documentation solely for the processing the request noted above, and agree that no information and documentation relating to this request will be released by them to any other party without my express written consent.

I hereby release the Claim Administrator from any claim that I might have against the Claim Administrator for releasing such information and documentation to the below designated CWA Representative(s), and/or Bellsouth Telecommunications Inc. / AT&T Mobility, LLC, or its representative(s). Furthermore, I understand that both I and the below designated individual(s) may obtain a copy of this signed authorization form from the Claim Administrator. These authorizations shall be valid for the duration of the claim, or until the termination of the affected plan, whichever is sooner.

CASE / CLAIM ID # \_\_\_\_\_ ATTUID \_\_\_\_\_

Employee Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Signature \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**Designated / Approved CWA Representative(s)**

\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\* \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Please circle only one -- Signature of a. Spouse; b. Custodial Parent; c. Power of Attorney