MO-KAN TEAMSTERS TRUST FUNDS

PO BOX 909500 • KANSAS CITY, MISSOURI 64190-9500
816.756.3313 • FAX 816.756.3659 • TOLL FREE 1.866.756.3313

FAMILY PRIVACY FORM

I, ___________________________________, hereby authorize the following named
(Print Name)

individual(s) to act on my behalf to:

- Receive PHI from the Mo-Kan Teamsters Health and Welfare Trust Fund, and
- Enforce any individual rights I have regarding PHI under The 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 Mo-Kan Teamsters Health and Welfare Trust 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 ___________________________________