Dependent Consent Form

I consent to the use of and disclosure of my Protected Health Information for the purpose or healthcare treatment, claims payment and/or healthcare operations. I understand that I may revoke this consent and will submit a written request if I decide to do so. By signing this consent form I also agree that I have received a copy of the NECA Local No. 145 IBEW Welfare Plan Privacy Policies.

_______________________________	_______________________________
Dependent Name (please print)	Dependent Social Security Number
_______________________________	_______________________________
Dependent Signature	Date

DEPENDENT OF:

_______________________________	_______________________________
Participant Name (please print)	Participant Social Security Number

****FAILURE TO SIGN THIS CONSENT FORM PERMITS THE PLAN TO REFUSE YOUR ENROLLMENT AND/OR DENY HEALTH CLAIMS.****

Authorization to Release Information

Effective April 14, 2003, the Fund Office is prohibited from exchanging information with anyone other than the individual (if they are 18 years of age or older) the information pertains or a Covered Entity (i.e. physician, hospital, claims payor). ***If there is an individual or individuals,* other than yourself, *that you would like to grant access to your account (i.e. parents) please complete the section below.*** You may revoke this access at any time by submitting a written request to the Fund Office.

THIS AUTHORIZATION IS FOR: (Please check one)

1. Enrollment/eligibility information only _____
2. All information, including medical _____

Please list the individual or individuals, **other than yourself**, on the following lines. If you need additional space please use the back of this form.

_______________________________	_______________________________
Name (Not Yourself)	Relationship
_______________________________	_______________________________
Name (Not Yourself)	Relationship
_______________________________	_______________________________
Dependent Signature	Date

Pin Number

To access your information you must have a pin number. Please fill in the section below with a four-digit numerical pin number. If you lose or forget this pin number you must contact the Fund Office. We will send a new request for pin number that must be completed and returned before you can access your account.

RETURN THIS FORM IMMEDIATELY TO THE FUND OFFICE

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