

**Participant Consent Form**

I consent to the use of and disclosure of my Protected Health Information for the purpose of 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.

Participant Name (please print) \_\_\_\_\_

Participant Social Security Number \_\_\_\_\_

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

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

**NECA IBEW LOCAL 145 BENEFITS WEBSITE**

**[www.ibew145benefits.com](http://www.ibew145benefits.com)**

You will have the ability to view your statements or pension letter (if applicable) by using the website listed above. You must login using a user name and a PIN number. The user name will be the last four digits of your social security number and the first initial of your last name. The PIN number can be any four digit number you select. Complete the section below, and return it to the office. Once we receive the form, if it has been completed correctly, your information will be entered into the system. Then, you can start to review your documents. Be sure to keep your PIN number safe. If you forget your PIN number, you must contact the Benefits Office to request another form to complete.

PIN number \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Last 4 Digits of Social Security Number \_\_\_\_\_

**RETURN THIS FORM IMMEDIATELY TO THE FUND OFFICE**