

Authorization For Release Of Medical Records

I hereby authorize the United Food and Commercial Workers International Union to release my medical records to the Independent Medical Consultant of the United Food and Commercial Workers International Union Pension Plan for Employees. I further authorize the Medical Consultant to release their review of my medical records to the UFCW Benefits Office. Please forward this form to the address listed below:

UFCW Benefits Office
Attention: Lori Werner
1775 K Street, NW
Washington DC 20006

Applicant's Signature

Date

Social Security Number

International/Local Union Number