

**UNITED FEDERATION OF TEACHERS WELFARE FUND  
PERSONAL REPRESENTATIVE FORM**

I, \_\_\_\_\_ [Print name of Member/Dependent] permit the United Federation of Teachers Welfare Fund to provide my health information to the following individual(s) on my behalf:

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I understand that if I ever wish to revoke the right of a personal representative to obtain my health information on my behalf, I must notify the United Federation of Teachers Welfare Fund in writing that the individual is no longer my personal representative.

\_\_\_\_\_  
Signature of Member/Dependent

\_\_\_\_\_  
Member's Social Security Number

Date: \_\_\_\_\_