

**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:

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: _____