

MASON TENDERS' DISTRICT COUNCIL WELFARE FUND

520 EIGHTH AVENUE, SUITE 600
NEW YORK, NY 10018-4196
(212) 452-9700

Appointment of Authorized Representative

(to be completed by Participant/Dependent who is appointing a representative)

I, _____
Print Member Name Social Security Number

Mailing address: _____

Telephone Number: _____

hereby appoint the following person to act on my behalf in making inquiries (and receiving information) about my eligibility and benefits under the Mason Tenders' District Council Welfare Fund (the "Fund"):

Print Name of Representative and Include Relationship to You (such as brother, daughter, friend)

Print Address and Telephone Number of Representative

I authorize the above-named Personal Representative ("Representative") to receive any information from the Fund that is (or would be) provided to me as a participant or dependent covered by the Fund, including but not limited to, any information that relates to my eligibility, benefits, or claims for benefits under the Fund.

My signature below means that I understand and agree to the following:

- The Fund may disclose Protected Health Information (as defined in the federal HIPAA law) to the Representative in response to any inquiries from the Representative on my behalf.
- The Protected Health Information disclosed pursuant to this authorization may include diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually-transmitted diseases, HIV/AIDS, and/or genetic marker information.
- Information disclosed pursuant to this authorization may be re-disclosed by the Representative and may no longer be protected by federal or state privacy laws and regulations.
- This appointment and authorization will remain in effect unless and until I revoke it, and I may revoke it at any time by notifying the Fund in writing at the above address. Revoking this appointment and authorization will not have any effect on actions that the Fund took in reliance on it before the Fund received written notice of revocation.

Signature of Participant or Dependent (as applicable)

Date

Signature of Personal Representative

Date