

HEAVY AND GENERAL LABORERS' FUNDS OF NEW JERSEY

Local 472 • Local 172

Joseph P. Madden Building • 700 Raymond Boulevard
Newark, New Jersey 07105
Phone: 973-589-5050 Fax: 973-589-1180

Trustees

Manuel Amador, Jr.
Co-Chairman
Jack Kocsis, Jr.
Co-Chairman
David Rible
Co-Chairman -
SET Fund
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Kleinbaum & Friedman

General Manager
Beverly Ceaser

Assistant General
Manager
Russell Bley

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION via WEBSITE

I, _____ (*Dependent's Name*) hereby authorize the use or disclosure of my health information as described in this authorization.

- 1) Specific person, organization or class of people authorized to provide the information: **Heavy & General Laborers' Welfare Funds of New Jersey**
- 2) Specific person, organization or class of people authorized to receive and use the information: _____

- 3) Specific and meaningful description of the information: _____

- 4) Purpose of the request [If you do not wish to state a purpose, please state "At the request of the individual"]: _____

- 5) Right to revoke: I understand that I have the right to revoke this authorization at any time by notifying Heavy & General Laborers' Welfare Funds in writing at 700 Raymond Boulevard Newark, NJ 07105. I understand that the revocation is only effective after it is received and logged by Heavy & General Laborers' Welfare Funds. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.
- 6) I understand that after this information is disclosed, federal law might not protect it and the recipient might redisclose it.
- 7) I understand that my initial and continued employment and position are subject to my agreement to this authorization, and any additional authorization Heavy & General Laborers' Welfare Funds requests.
- 8) I understand that I am entitled to receive a copy of this authorization.
- 9) I understand that this authorization will expire when my coverage with Heavy & General Laborers' Welfare Funds of New Jersey terminates.

Signature of Dependent: _____

Date: _____

Policy ID #: _____