

RELEASE AND AUTHORIZATION

The undersigned, _____
(Print Name of Member)

hereby authorize the Administration Office of the Construction and Specialized Workers' Medical and Benefit Plan of BC to provide any data on file pertaining to my membership in Construction and Specialized Workers' Medical and Benefit Plan of BC requested by

(Print Name(s) of Authorized Representative(s))

I understand that confidential and personal information may be released to the above described Authorized Representative(s) in accordance with this authorization but that the Authorized Representative will not be entitled to initiate any elections for plan coverage or implement any transactions on my behalf.

This authorization will remain in effect until (check one)

I provide you with updated instructions **OR**

Date: _____
Month Day Year

Birth Date of Member: _____
Month Day Year

Social Insurance Number of Member:

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Signature of Member

Dated Signed

This form is for the release of your personal information and entitlements under the Construction and Specialized Workers' Medical and Benefit Plan of BC, please only complete this form if you wish someone other than yourself to have access and return to:

**Construction and Specialized Workers' Medical and Benefit Plan of BC
#208 – 3550 Kingsway
Vancouver, BC V5R 5X4
or Fax to 604-437-5588**