



Central Laborers' Pension Fund

P. O. Box 1267 • Jacksonville, Illinois 62651-1267 • Phone 217-243-8521 • Fax 217-245-1293
<http://www.central-laborers.com>



TO WHOM IT MAY CONCERN

I hereby request and authorize you to disclose to the Central Laborers' Pension Fund any and all information and reports you may have concerning the medical condition for which you and/or other physicians have been treating me, including medical history, consultation, treatment, etc.

I further request and authorize you to express such opinions as may be requested by the Central Laborers' Pension Fund with regard to the existence/extent of my disability, if applicable.

Dated this _____ day of _____, _____.

Participant's Name

Participant's Signature

Participant's Social Security Number