

CENTRAL LABORERS' PENSION AND ANNUITY FUNDS'
AUTHORIZATION FOR RELEASE OF
PERSONAL INFORMATION

YOUR ENTITLEMENT TO CERTAIN BENEFITS AS A RESULT OF YOUR MEMBERSHIP IN YOUR LOCAL UNION OR AS A PARTICIPANT IN OTHER FRINGE BENEFIT FUNDS MAY DEPEND ON YOUR STATUS WITH THE CENTRAL LABORERS' PENSION AND ANNUITY FUNDS. ADDITIONALLY, YOUR LOCAL UNION OR DISTRICT COUNCIL MAY REQUIRE INFORMATION REGARDING YOUR WORK/CONTRIBUTION HISTORY IN ORDER TO CLASSIFY YOU FOR EMPLOYMENT OR TO REPRESENT YOU. THIS AUTHORIZATION PERMITS THE DISCLOSURE OF PERSONAL INFORMATION TO YOUR LOCAL UNION AND/OR DISTRICT COUNCIL AND FRINGE BENEFIT FUNDS UPON REQUEST.

SECTION A – EMPLOYEE/PARTICIPANT/BENEFICIARY INFORMATION

Print Name: _____

Social Security # _____

Employee Benefit Fund _____

SECTION B – DEFINITION OF PERSONAL INFORMATION

I understand that Personal Information is information that includes my name, address, Social Security number, telephone numbers, email address, earnings/tax records, beneficiary information, eligibility status, benefit history, and amounts and/or value of benefits, and I hereby authorize the Central Laborers' Pension and/or Annuity Funds to disclose such Confidential Information to my Local Union, affiliated District Council, and any Fringe Benefit Fund in which I participate (including as an example only, the North Central Illinois Laborers' Health and Welfare Fund, Southern Illinois Laborers' and Employers Health and Welfare Fund, and other applicable funds).

SECTION C – PARTICIPANT'S ACKNOWLEDGMENT AND SIGNATURE

I hereby acknowledge that I have had an opportunity to read and consider the contents of this authorization, and I understand that, by signing this form, I am confirming my approval and authorization of the use and/or disclosure of my Personal Information, as described in this form. I further acknowledge that my signature on this Authorization is voluntary and that if I refuse to sign this form it will not affect my benefits under the Plan. I understand that I have a right to revoke this Authorization, but any such revocation must be in writing and submitted to the Fund Office.

Signature

Date: _____