

*Pension, Health, and 401(k) Trust Funds*

Executive Director ARTHUR DRECHSLER

**EQUITY-LEAGUE**

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**Equity-League Health Trust Fund (the "Plan")  
Request That PHI Be Transmitted Confidentially  
by Alternate Means**

Name of Individual: \_\_\_\_\_

Date: \_\_\_\_\_

Union Membership Identification Number: \_\_\_\_\_

I am requesting that \_\_\_\_\_ (specify PHI) be transmitted to me by the following means:

[Insert different address if the request is for mailing to a different address or manner or place where individual will personally pick up the information that would otherwise be mailed.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the following statement true?

Using the current method of disclosure of PHI to which my request pertains may endanger me.

Yes       No

Signature of Individual requesting alternate transmission of PHI:

\_\_\_\_\_

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the Request for alternative transmission:

\_\_\_\_\_