Local 2009

AUTHORIZATION TO REPRESENT

I,___________________________ ____
(Name) *(Address)*

____ ____
(City) *(Postal Code)* *(Telephone)*

hereby authorize of USW Local 2009
to represent the undersigned in any and all dealings with any Insurance Company, LTD provider, Sickness Insurance provider, physician, hospital or other treating/medical facility and to disclose and discuss information for the purpose of assisting with any health-related or insurance eligibility issue.

Signature: ____ Date of Birth:

Witness: ____

Date: ____

United Steelworkers Local 2009

#202-9292 200th Street, Langley, BC V1M 3A6 ◆ Fax: 604-513-1851 office@usw2009.ca www.usw2009.ca

Local 2009

MEDICAL AUTHORIZATION

I,____, ____
(Name) *(Address)*

____ ____
(City) *(Postal Code)* *(Telephone)*

hereby authorize any physician, hospital or other treating/medical facility having medical files or information pertaining to the undersigned to disclose that information and to discuss that information with ______________________________of USW Local 2009, for the purpose of assisting with any health-related or insurance eligibility issue.

Signature: ____ Date of Birth: ________________________________

Witness: ____

Date: ____

United Steelworkers Local 2009

#202-9292 200th Street, Langley, BC V1M 3A6 ◆ Fax: 604-513-1851 office@usw2009.ca www.usw2009.ca