



AUTHORIZATION TO REPRESENT

I, _____, _____, _____
(Name) (Date of Birth) (Address)

(City) (Postal Code) (Telephone)

hereby authorize Al Biekša 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: _____

Witness: _____

Date: _____

United Steelworkers Local 2009