



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: _____

SIN #: _____

Date: _____

United Steelworkers 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: _____ SIN #: _____

Date: _____

United Steelworkers Local 2009