

HEALTH & WELFARE FUND

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES - AFL-CIO
1606 WALNUT STREET, 5TH FLOOR, PHILADELPHIA, PA 19103-5482 • 215-546-9880 • FAX 215-545-7052
WWW.DC47AFSCME.ORG • TOLL FREE 1-866-613-2213



- Union Trustees**
- Catherine G. Scott
Chair
- Jim Smith
President, Local 810
- Pamela G. Robinson
President, Local 2186
- Dennis Gibson
- Robert Ignatius Coyle, III
President, Local 2187
- April Gigetts
- Jesse Jordan
- City Trustee**
- Marsha Greene-Jones
- Administrator**
- Robert McAllister
- Health & Safety Director**
- Michelle Jamison
- Workplace Violence
Prevention Coordinator**
- Steve Barron

Date: _____

Re: Address Change Form and Authorization Form

Dear Health & Welfare Fund Participant:

We are forwarding the address change form that you requested. As you know, the AFSCME District Council 47 Health & Welfare Fund ("Fund") is closely affiliated with AFSCME District Council 47. In order to ensure that both entities have current information on file, the Fund will, subject to your authorization, provide the information listed on this form to the Union. The Fund is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") to protect your "protected health information", including the information on this form. You will assist the Fund and the Union by authorizing the Fund to share the information on the enclosed form (and *only* the information on the enclosed form) with the Union in order to make sure that all of your file information is up to date. **The information provided to the Union will be limited to the information below.**

By signing and submitting this form, you are authorizing the Fund to disclose the information below to AFSCME District Council 47. This authorization is voluntary. You may revoke it at any time by informing the Fund in writing. This authorization is effective for ninety (90) days from the date of this letter, unless revoked or terminated by you or your personal representative. You should note that the Union is very careful in its handling of your personal information. However, it is possible that the information may be disclosed again by the Union.

You can fax the form to 215-545-7052 or mail it to the Fund Office at 1606 Walnut Street, Philadelphia, PA 19103.

Sincerely,

Bob McAllister
Fund Administrator

Name: _____

Home #: _____

Payroll #: _____

Work #: _____

New Address: _____
