



Pipefitters Fringe Benefit Office
8600 Hillcrest Road, Suite A
Kansas City, MO 64138
816-361-0206

Dear Participant:

Enclosed is an **Authorization for Release of Protected Health Information Form**.

If you want the Plan to be able to disclose your protected health information to another individual(s) (for example, your spouse), you must complete this form and return it to the Fund Office.

If your spouse and/or Dependent child(ren) over the age of 17 (i.e., Dependent child(ren) who are at least 18 years old) want the Plan to be able to disclose their protected health information to you or any other individual(s), they must also complete this form and return it to the Fund Office.

Notice of Privacy Practices:

This notice describes how the Plan can use and disclose your protected health information and how you can get access to this information.

REMINDER: Your Open Enrollment packet will be mailed in January 2022. Please watch for it and be sure to return it to the Fund Office to ensure there is no disruption in your claims processing.

Sincerely,

The Benefit Office