

IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY BENEFIT TRUST
1470 Worldwide Place • Vandalia, Ohio 45377
Phone (937) 454-1744 • FAX (937) 454-5457
Address Mail:
P.O. Box 398 • Dayton, Ohio 45401-0398
Toll Free: (800) 331-4277

APPOINTMENT OF PERSONAL REPRESENTATIVE

I, _____ [Name of Participant or Beneficiary]

Mailing address: _____

Phone: (_____) _____

Hereby designate: _____ [Name of Authorized Representative]

Last Four of the Authorized Representative Social Security Number _____

Phone: (_____) _____

Relationship to Participant or Beneficiary _____ to act on my behalf or on behalf of:
_____ [Name of Dependent(s)]

I authorize my Personal Representative to act for me and for my covered spouse and dependents (if named above) in receiving the following protected health information to conduct the following functions on my behalf:

I understand that this designation is subject to approval by the Trust. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Fund Office.

I certify that I have reviewed the Trust's Policy for Recognition of Personal Representative.

Participant or Beneficiaries' Signature

Date

Authorized Representative's Signature

Date

NOTARY SIGNATURE AND AFFIX SEAL: _____ DATE: _____

NOTARY PRINTED NAME: _____

NOTARY PUBLIC, STATE OF _____, COUNTY OF _____

MY COMMISSION EXPIRES: _____, 20____.

*******THIS DOCUMENT MUST BE NOTARIZED*******