

**RAILROAD MAINTENANCE AND INDUSTRIAL
HEALTH AND WELFARE FUND**

Participant Request For Confidential Communications

Participant Name: _____

Address: _____

Home Telephone Number: _____ Soc. Sec. No.: _____

I hereby request that the Railroad Maintenance and Industrial Health and Welfare Fund communicate with me in the alternative manner and/or location described below regarding my health information (information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996). Such restriction is necessary to prevent a disclosure that could endanger me. I understand that the Fund may deny this request if it imposes an unreasonable administrative burden.

Description of the Health Information that Must be Communicated Confidentially. The following is a description of the specific health information to which this request applies:

Alternative Manner and/or Location. I request that the Fund communicate with me only in the following manner and/or at the location described below:

By signing this form, I confirm that it accurately reflects my wishes.

Signature Date

If signed by personal representative:
Name of personal representative: _____

Relationship to participant or nature of authority: _____
(Submit documentary proof of such authority.)

Signature of Personal Representative Date