



EQUITY-LEAGUE BENEFIT FUNDS
 PENSION, HEALTH & 401(K)

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**Equity-League Health Trust Fund (the “Plan”) Request That PHI Be Transmitted Confidentially by
 Alternate Means**

Name of Individual: _____

Date: _____

Union Membership Identification Number: _____

I am requesting that _____ (specify PHI) be transmitted to me by the following means:

[Insert different address if the request is for mailing to a different address or manner or place where individual will personally pick up the information that would otherwise be mailed.]

Is the following statement true?

Using the current method of disclosure of PHI to which my request pertains may endanger me.

† Yes † No

Signature of Individual requesting alternate transmission of PHI:

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the Request for alternative transmission:
