



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

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 Fax: (212) 869-3323
 Website: www.equityleague.org

**Equity-League Health Trust Fund (the “Plan”)
 Request for Access to PHI**

Name of Individual: _____

Date: _____

Union Membership Identification Number: _____

I am requesting that I be allowed to inspect and copy the following PHI:

I understand that I may be charged a fee for the costs of copying, including labor and supplies, and postage. I also may be charged the cost of preparing a summary of protected health information, if such a summary is requested. I have reviewed the Plan’s rules for access to information contained in the Plan’s Notice of Privacy Practices.

Signature of Individual Requesting Access to PHI: _____

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the request for access to PHI:
