



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

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Website: www.equityleague.org

**Equity-League Health Trust Fund (the “Plan”)
*Request for Restrictions on Use & Disclosure***

Name of Individual: _____

Date: _____

Union Membership Identification Number: _____

I am requesting that use and access to my PHI be restricted in the following manner:

Signature of Individual Requesting Restriction: _____

or

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