

# AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of my personal information, held under the:  
**MANITOBA SAFEWAY/UFCW LOCAL 832 HEALTH & WELFARE PLAN (2)**

To \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Name of Person) day/month/year

- without limitation.
- with the limitations specified below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the following purpose:

\_\_\_\_\_  
\_\_\_\_\_

- This authorization will be in effect for \_\_\_\_\_ days from the date shown below.
- This authorization is without time limits.

I understand that all personal information will be kept confidential and secure and will be only released for the purpose that I have identified.

Member Name: \_\_\_\_\_  
(First) (Middle) (Last)

Member S. I. N.: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
day/month/year

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(First) (Middle) (Last)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_