

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association www.benefitplans.org

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

PHONE (415) 673-8500

FAX (415) 749-1400

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

Participant's Name _____ Local _____ Reg.No. _____

AUTHORIZATION TO RELEASE INFORMATION

The undersigned hereby authorizes the Trustees of the ILWU-PMA Pension Plan and the Trustees of the ILWU-PMA Watchmen Pension Plan to release to:

Name/Company: _____

Address: _____

Phone #: () _____

Fax #: () _____

Only the following information: _____

OR

Any and all ILWU-PMA Pension Plan or ILWU-PMA Watchman Pension Plan information (including disability medical information used to determine a disability retirement, if applicable) maintained by the Trustees in connection with my participation in such Plan(s).

I understand that this authorization is a waiver of my rights to privacy under law as to such information.

If applicable, please fax this information to the above recipient.

Signed _____

this _____ day of _____, 20_____

**Mail to: ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109**