



**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS**

505 S BROADWAY, STE 117

WICHITA KS 67202-3922

Phone (316) 264-2339

Fax (630) 481-1594

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Release of Personal Information Form

I, _____, Social Security Number, _____, authorize Plumbers and Pipefitters Fund Office (Health and Welfare and/or Local Pension) to disclose my personal information to the person(s) or entity(ies) listed below.

For purposes of this authorization, my personal information includes personal demographic information, claim history, eligibility and insurance information, the status of any reimbursements, and pension information. I realize that this authorization only permits the disclosure to the party(ies) listed below. The information used or disclosed in accordance with this authorization may possibly be re-distributed by the recipient, and such action is not allowed under this authorization or protected by the HIPAA Privacy Legislation. I understand that I may revoke this authorization by submitting a letter in writing stating my revocation to the Fund Office, or by filling out a new authorization form.

Disclosure may be made to:

- Spouse and/or Dependent(s) listed on most recent Subscriber Update Sheet
- Other: _____

Please note any comments or restrictions related to this Authorization:

Member Signature: _____ Date: _____

Please retain a copy of this authorization for your records.

Any Questions, please call the Fund Office: 316-264-2339

Please return Authorization to:

PPI Fund Office
505 S Broadway Ste 117
Wichita, KS 67202