

**Welfare Fund**

Gary Elliott  
Chairman

David Gillick  
Secretary Treasurer

**Pension Fund**

Don Willey  
Chairman

William L. Luth  
Secretary Treasurer

Revocation (Withdrawal) of HIPAA Authorization

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member ID or SS#: \_\_\_\_\_

Address: \_\_\_\_\_

On \_\_\_\_\_ (insert date if known), I signed a HIPAA Authorization Form permitting the Greater St. Louis Construction Laborers' Welfare Fund to use and/or disclose my medical information.

I revoke (withdrawal) the authorization I provided on that date.

I understand that the Greater St. Louis Construction Laborers' Welfare Fund may have already taken action based on the authorization I provided and this withdrawal does not change this action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the Individual to Withdrawal

\_\_\_\_\_  
Relationship

**Return this completed form to:**

Laborers' Benefit Office  
Benefit Services Department  
2357 59<sup>th</sup> Street  
St. Louis, MO 63110-2811