



WISCONSIN ELECTRICAL EMPLOYEES BENEFIT FUNDS



2730 DAIRY DRIVE • SUITE 101 • MADISON, WI 53718 • PHONE (608) 276-9111 • (800) 422-2128
RECEIVING FAX (608) 276-9103 • HEALTH CLAIM FAX (608) 288-9095
SPONSORED BY: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNIONS #14, 127, 158, 159, 388, 430, 577, 890
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION-WISCONSIN CHAPTER

Wisconsin Electrical Employees Benefit Funds

Authorization for Release of Health & Welfare, Flex Account and Sub Account Statements

I _____ hereby authorize the release
of my Health and Welfare bank, Flex account and Sub account statements to be
mailed to the address below:

Street/P.O. Box _____

City _____

State _____ Zip Code _____

Unique ID Number _____

Participant Signature _____

Date _____