

**BRICKLAYERS and ALLIED CRAFTWORKERS
INTERNATIONAL HEALTH FUND
CANADA**

AUTHORIZATION TO RELEASE/PROCESS INFORMATION

I request and authorize any physician, hospital, clinic, insurance company, employer, or other person or organization to furnish to the International Health Fund authorized representative, and permit the IHF representative to obtain a statement or make or obtain, a copy, in whole or in part, of any or all information with respect to any illness or injury including medical history, diagnoses, consultation report, examination report, prescriptions, treatment plans, operative reports, x-rays, pathological findings and all psychiatric and psychological information or tests you may have concerning me or any eligible dependents on my policy.

I authorize you or the representative, on my behalf and any eligible dependents, to submit such information or statement or copy directly to the International Health Fund to become a part of my claim.

This authorization is in effect as long as my eligible dependents and I have coverage through the International Health Fund. A photocopy of this authorization shall be considered as effective and valid as the original.

Member's Signature _____ Date _____

Member's Social Insurance Number _____

Spouse's Signature _____ Date _____

Please return this Authorization to Release/Process Information with your next claim to:

**BAC International Health Fund
1216 Sand Cove Road Unit 32
Saint John NB E2M 5V8**