Insurance & Pension Funds
of Roofers Local No.241

890 Third Street
Albany, New York 12206
Telephone: 518-489-3919

# Health Reimbursement Account (HRA) HIPAA Authorization Form

I, _____, give permission to the Insurance and Pension Fund Office of Roofers Local 241 to disclose the following protected health information with respect to my HRA and WRA under the Roofer's Union Local 241 Health and Welfare Benefit Plan to:

_____ _____
Name of Authorized Party Relationship

Information to be Disclosed:

__ Reimbursement Information (including vendor/provider information)

__ Claim Information (including vendor/provider information, claim denials, substantiation)

__ Address Information

__ Dependent Information

__ Account Balance Information

__ Other: _____

This authorization does not expire. *

_____ _____
Signature of Participant Date

_____
Printed Name of Participant

* I understand I may revoke this authorization in writing at any time by sending written notification to Insurance & Pension Fund Office Local 241, 890 Third Street, Albany NY 12206