

## END AUTHORIZATION TO SHARE HEALTH INFORMATION

If you want WEA Trust to stop sharing your health information with a person or agency that you authorized in the past, complete the **End Authorization to Share Health Information** form.

### INSTRUCTIONS FOR COMPLETION

1. Print or type.
2. Use blue or black ink.
3. **Individual's Name:** Your name or your dependent's name.
4. **Birth date:** Your birthdate or your dependent's birthdate.
5. **Subscriber Number/Group Number:** Your (or your dependent's) WEA Trust subscriber number and group number.
6. **End Authorization:** Who is the person or agency that should no longer receive your health information?
7. **Individual's Signature:** The person from #3 must sign the form.
  - If a dependent is under 18, the parent/legal representative must sign the form.
  - If an adult cannot sign the form, the parent/legal representative must sign the form and write why they are signing (disability or health condition).
8. **Date:** What date are you signing the form?
9. Send the form to:

WEA Trust  
Attn.: Office of General Counsel  
PO Box 259537  
Madison, WI 53725-9537

Fax: 608.279.9119, Attn.: Office of General Counsel



## END AUTHORIZATION TO SHARE HEALTH INFORMATION

Individual's Name: \_\_\_\_\_ Individual's Birth Date: \_\_\_\_\_

Subscriber Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### End Authorization

I want WEA Trust to stop sharing my health information with: \_\_\_\_\_

\_\_\_\_\_

I understand that I gave WEA Trust permission to share my health information with this person or agency in the past. I cannot change any information WEA Trust shared before receiving this form.

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

Send the form to:

WEA Trust  
Attn.: Office of General  
Counsel PO Box 259537  
Madison, WI 53725-9537

Fax: 608.279.9119, Attn.: Office of General Counsel

# Submitting Forms and Correspondence to WEA Trust

Submit forms in a way that works for you ...

## Viewing This Electronically ...

Click the icon below to save to your device



Click the icon below to send to your printer



## Postal Service

Address your envelope to:

**WEA Trust**

**PO Box 259537**

**Madison, WI 53725-9537**

## Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

**608.276.9119**

## Secure File Upload

Send scanned or electronically completed forms to us via our [www.weatrust.org](http://www.weatrust.org) website at:

**<https://weatrust.org/secure-file-upload-1>**

## Email

Attach your scanned or electronically completed forms to an email and send to us at:

**[customerservice@weatrust.org](mailto:customerservice@weatrust.org)**

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.