

CHECK APPLICABLE PLAN(S):

- JEFFERSON FEDERATION OF TEACHERS HEALTH AND WELFARE PLAN (the "Plan")**
and/or
- JEFFERSON FEDERATION OF TEACHERS CAFETERIA PLAN (the "Plan")**

**REVOCATION OF AUTHORIZATION FOR USE
AND/OR DISCLOSURE OF HEALTH INFORMATION**

I hereby revoke my Authorization for Use and/or Disclosure of Health Information given to the Plan dated

I understand that this revocation must be given or mailed to the person/entity described below and will not affect any use or disclosure of health information made on the basis of such authorization before it is received by such person/entity.

	Signature	Date
Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
Telephone Number	<input type="text"/>	
Social Security Number	<input type="text"/>	
Name & Social Security Number of Employee/Retiree if different from above:		
Name	<input type="text"/>	Social Security Number <input type="text"/>

If signed by a Personal Representative, the Personal Representative warrants that she/he is authorized to sign on behalf of the individual giving the authorization based on the following authority:

AUTHORIZATION MUST BE FILED WITH THE FOLLOWING PERSON:
Administrator/Privacy Officer
2540 Severn Avenue, Suite 302
Metairie, LA 70002
Phone: 504-455-7261
Fax: 504-455-7267