

National Automatic Sprinkler Industry Welfare Fund
8000 Corporate Drive
Landover, Maryland 20785
(301) 577-1700 800 638-2603 Fax 301 429-4783

CANCELLATION OF AUTHORIZATION FORM

Print your name

Participant's name (if different)

Participant's SSN

I hereby cancel any existing Authorization Form that allows the Fund to provide my Protected Health Information ("PHI") to the following person(s): (please fill in the name and address of the appropriate person(s))

Name	Address	Relationship
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Name	Address	Relationship
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Name	Address	Relationship
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I understand that:

- This form revokes any previous authorization form only with respect to the person(s) named above. If I decide to reauthorize this person(s), I will need to submit a new completed authorization form to the Fund
- Cancellation will take effect once the Fund receives this form.

Your Signature (or Signature of Personal Representative*)

Date

*If you are acting as the Personal Representative of the individual whose PHI is subject to disclosure, you must provide proof of your authority to act for that individual.

(A copy of this Cancellation of Authorization Form will be sent to you or your Personal Representative.)