

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



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Designation of Authorized Representative

I, _____, hereby voluntarily appoint _____
to act on my behalf, as my Authorized Representative, in connection with a claim for benefits and related
request for documents under the Teamsters Joint Council No. 83 of Virginia Health and Welfare Fund (the
“Plan”).

I direct all future correspondence in this regard to be with _____
without the need to provide copies to me.

I understand that I have the right to revoke this Authorization at any time by sending a letter to the
Plan at 8814 Fargo Road, Suite 200, Richmond, VA 23229. I understand that the revocation will take effect
on the date that it is received by the Plan. However, I understand that any revocation will be effective only to
the extent that the Plan has not already made disclosures to _____ based on
this Authorization. I further understand that this Designation of Authorized Representative Form does not
give my Authorized Representative any legal right to pursue claims against the Plan or the Plan’s Trustees
under ERISA or any other statute or law.

Name of Plan Participant

Date

Accepted: _____
Authorized Representative's signature