



Authorization for Inquiry

I authorize any representative of the Association of Flight Attendants (AFA-CWA) to have access to, discuss and/or release any information relating to my claim with any representative(s) of United Airlines; Blue Cross/Blue Shield; Aetna; AIG; MetLife; Minnesota Life Insurance; CNA Insurance Company; Express Scripts/Medco Health Mail Order Prescription and Discount Retail Pharmacy Services, or any of their related affiliates.

I understand that any and all information and documents submitted will not be returned, unless at the time of submittal, I specifically request that they be returned, and I enclose a self-addressed return envelope with the appropriate postage.

I will notify the Association of Flight Attendants in writing, if I choose to rescind the authorization. A photocopy, Fax, or electronic transmission of this authorization shall be valid as the original.

Print Name: _____

Relationship to Flight Attendant: Self
 Spouse/Domestic Partner
 Dependent

If Spouse/Domestic Partner, Flight Attendant name:

Signature:

Date:

Flight Attendant File Number:
