

Association of Flight Attendants-CWA, AFL-CIO

Waiver and Release

I, _____, have requested the name of a non-Illinois lawyer/law firm to contact regarding a potential workers' compensation claim. I fully understand that the Association of Flight Attendants-CWA (AFA) is in no way responsible for the provision or performance of such lawyer/law firm or for any payments, fees, costs or expense of any kind that I may incur in connection with provisions of services by such lawyer/law firm. I will not assert any claims in regard to such matters against AFA, its officers, representatives or agents.

Signature Date

F/A Name: _____
Please Print

File Number: _____ Base: _____ Country: _____

Address: _____

City: _____ State: _____ Zip: _____

Premerger Affiliation: UAL _____ CAL _____ Hire date After 8/29/2016? _____

Phone: _____ E-Mail Address: _____

(TO BE COMPLETED BY MEMBER)

I, _____, Association of Flight Attendants-CWA (AFA) Officer/Representative, have suggested the name of _____ lawyer/law firm to contact regarding a potential Workers' Compensation claim.

Signature Title Base Date
(TO BE COMPLETED BY AFA LOCAL COUNCIL)

LOCAL COUNCIL: Keep one signed copy for the local office, and mail, fax, or scan/e-mail to MEC Office at:

**ASSOCIATION OF FLIGHT ATTENDANTS-CWA (AFA LEGAL DEPT.)
ONE O'HARE CENTER 6250 N. RIVER ROAD, SUITE 4020
ROSEMONT, ILLINOIS 60018
FAX: (847) 696-0404/ E-mail: Attyrelease@unitedafa.org**