

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, BlueCross/BlueShield; METLife; CIGNA, Connecticut General; Life Insurance Company of North America (LINA); CNA Insurance Company, 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 in writing if I choose to rescind the authorization. A photocopy, fax or electronic transmission of this authorization shall be as valid as the original.

Print Name _____

Relationship to Flight Attendant: Self Spouse/Domestic Partner
(Check one) Dependent

If spouse/domestic partner/dependent, F/A name _____

Signature _____

F/A Signature Required if Dependent is Minor Child

Date _____

FA File Number _____