## MEBA PENSION TRUST – DEFINED BENEFIT PLAN

## DESIGNATION OF AUTHORIZED REPRESENTATIVE FOR CLAIMS AND APPEALS

Pursuant to the claims and appeals procedures for benefits described in the MEBA Pension Trust – Defined Benefit Plan ("Plan"), you may name a representative to act on your behalf with respect to any aspect of your claim or appeal. If you would like to designate a representative, please complete this form and return it to the Plan Office.

1. Please provide the following information:

Your Name:			
Address:			
Social Security	/ Number		
Telephone:		_	
Email or Facsin	mile:	(please note if none av	vailable)
If you are not information for the Par	t the covered employee (Plan Partic rticipant:	cipant), please provide th	he following
Participant's N	lame:		
Address:			
Social Security	/ Number		
Telephone:		_	
Email or Facsin	mile:	(please note if none av	vailable)
Relationship to	the Participant:		
2. I hereby designate	the following person to act as my rep	presentative for all purpo	ses related to

2. I hereby designate the following person to act as my representative for all purposes related to the Plan's claims and appeals process, including requesting documents.

Representative's Name:\_\_\_\_\_

Address:	
Telephone:	
Email or Facsimile:	(please note if none available)
Relationship:	
I authorize my representative (named al	hove) to act on my behalf in connection

3. I authorize my representative (named above) to act on my behalf in connection with \_\_\_\_\_\_ [specify a particular claim for benefits or indicate if the representative is authorized to act on your behalf for all claims].

4. I request that the Plan send all requested information, notices and decisions relating to any aspect of my claim and/or appeal to my representative instead of to me.

5. I understand that this designation will remain in effect until the conclusion of the Plan's claims and appeals process. I also understand that I have the right to revoke my designation of a representative at any time by sending a letter to that effect to:

## MEBA Pension Trust – Defined Benefit Plan 1007 Eastern Avenue Baltimore, MD 21202-4345

Signature

Date

Please return this form to:

MEBA Pension Trust – Defined Benefit Plan 1007 Eastern Avenue Baltimore, MD 21202-4345

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