

LETTER OF AUTHORIZATION

DETAILS OF THE AUTHORIZED REPRESENTATIVE

Last Name and First Name: _____

Personal Identification Number: _____

Address: _____

Postal Code: _____ Post office: _____

Telephone Number: _____

CONTENTS OF THE AUTHORIZATION

Check the relevant option(s):

My authorized representative can handle all my benefit matters with the Unemployment Fund of Service Union United (e.g., apply for benefits, submit attachments, report changes)

My authorized representative can handle matters related to appeals with the Unemployment Fund of Service Union United (e.g., appealing a decision)

Other, specify: _____

Excluded from the authorization: _____

VALIDITY PERIOD OF THE AUTHORIZATION

The authorization is valid during the period: ____ . ____ . ____ - ____ . ____ . ____

The authorization is valid until further notice

DETAILS OF THE GRANTOR OF THE LETTER OF AUTHORIZATION

Last Name and First Name(s): _____

Personal Identification Number: _____

Telephone Number: _____

SIGNATURE OF THE GRANTOR OF THE LETTER OF AUTHORIZATION

By signing this Letter of Authorization, I consent to the authorized representative having the right to access my necessary confidential information held by the Unemployment Fund of Service Union United (e.g., benefit information, financial status and health-related information) for the purpose of managing my affairs.

Paikka: _____

Date: ____ . ____ . ____

Signature and printed name: