

1007 Eastern Avenue Baltimore, Maryland 21202-4345 Phone (410) 547-9111 www.mebaplans.org

MEBA VACATION PLAN

DESIGNATION OF AUTHORIZED REPRESENTATIVE FOR CLAIMS AND APPEALS

Pursuant to the claims and appeals procedures for benefits described in the MEBA Vacation 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 informati	ion:
Your Name:	
Telephone:	
Email or Facsimile:	(please note if none available)
If you are not the covered emploinformation for the Participant:	oyee (Plan Participant), please provide the following
Participant's Name:	
Social Security Number	
Telephone:	
Email or Facsimile:	(please note if none available)
Relationship to the Participant:	·
2. I hereby designate the following personal the Plan's claims and appeals process, incl	on to act as my representative for all purposes related to luding requesting documents.
Representative's Name:	

	Address:				
	Telephone:				
	Email or Facsimile:	<u> </u>	(please note if none available)		
	Relationship:				
$\frac{3.}{\text{for be}}$	I authorize my representative (named above) to act on my behalf in connection we specify a particular classification of indicate if the representative is authorized to act on your behalf for all claims].				
4.	-	-	information, notices and decisions relating to sentative instead of to me.		
	ns and appeals process		nain in effect until the conclusion of the Plan's at I have the right to revoke my designation of a at effect to:		
		MEBA Vac 1007 Easter Baltimore, MI	n Avenue		
Signa	ature				
Date					
Pleas	se return this form to:				
MEE	BA Vacation Plan				

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