



**CEBT HIPAA RELEASE FORM**

I authorize \_\_\_\_\_ to talk to the Willis Towers Watson staff regarding claims and benefits for the following covered members.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Member's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Member ID Number