

Authorization

I authorize the appropriate claims facilitator or approved union representative, as named, to assist in developing my claim appeal for benefits under the Short Term Disability Plan (STDP).

I further authorize the named facilitator or approved union representative to review and share relevant records maintained by **SEDGWICK** as the STDP claims administrator pertaining directly to my claim for disability benefits with other appropriate persons. I understand that AT&T BellSouth Corporation, other AT&T BellSouth Corporation Companies that participate in the STDP, and the STDP representatives and agents (electively "AT&T/BellSouth") cannot control the individuals who may have access to my records once they are released to the named claim facilitator or approved union representative. I agree that AT&T/BellSouth should not be held liable or responsible for any such disclosure.

I understand the claims facilitator or approved union representative(s) is not authorized to interpret, administer, or enforce the STDP.

Employee's Signature _____

Employee's Case Number _____

Social Security Number _____

Date _____

Designated Approved Union Representative

(THIS LINE MUST BE COMPLETED BY THE EMPLOYEE)