

# Darien Education Association

## Insurance Discrepancy Report Form

As the change in carrier remains in abeyance we ask that members utilize this form to notify the DEA of a significant discrepancy in your insurance benefits. All material and information submitted is confidential unless you specify that the DEA can use the information to advocate on your behalf.

<b><i>Date</i></b>	
<b><i>Member Name</i></b>	
<b><i>School</i></b>	
<b><i>Insurance Plan Identification Number</i></b>	
<b><i>Details of Insurance Discrepancy</i></b>	
<b><i>Sought Outcome</i></b>	

By signing below you indicate that you have released this information voluntarily and permit the DEA to use the medical and other information on this form to advocate on your behalf.

<b><i>Signature</i></b>	
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*Please return this form to Anthony Silvey at Middlesex Middle School.*