

AUTHORIZATION TO OBTAIN INFORMATION

Southwest Airlines Co.
Loss of License Plan

Remit all forms to:

Harvey W. Watt & Co.
P. O. Box 82876
Atlanta, GA 30354
PH. (800) 241-6103
FAX (404) 761-8326
Southwest@harveywatt.com
www.harveywatt.com

I authorize the following persons having any records or knowledge of my health:

- Any physician, medical practitioner, or health care provider.
- Any hospital, clinic, pharmacy, pharmacy benefit manager, other medical or medically related facility or association.
- Any insurance company.
- Any employer or plan sponsor.
- Any organization or entity administering a benefit program.
- Any educational, vocational or rehabilitation organization or program.
- Any consumer reporting agency, financial institutions, accountant, or tax preparer.
- Any government agency (*for example, but not limited to, Federal Aviation Administration, Social Security Administration, Public Retirement System, Railroad Retirement Board, etc.*)

To give the following information:

- Charts, notes, x-ray reports, operative reports, lab and pharmaceutical or medication records and all other medical information about me, including medical history, diagnosis, testing and test results. Prognosis and treatment of any physical or mental condition, including:
 - Any disorder of the immune system, including HIV, Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes.
 - Any communicable disease or disorder.
 - Any psychiatric or psychological condition, including test results, but *excluding* psychotherapy notes. Psychotherapy notes include notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the content of conversation during a private counseling session or a group, joint or family counseling session and that are separate from the rest of the individual's medical records. Psychotherapy notes do not include a summary of diagnosis, functional status, the treatment plan, symptoms prognosis and progress to date.
 - Any condition, treatment or therapy related to substance abuse, including alcohol and drugs.

And:

- Any non-medical information requested about me, including such things as education, employment history, earnings or finances, or eligibility for other benefits (*for example, but not limited to, Social Security Administration, Public Retirement System, Railroad Retirement Board, claim status, benefit amounts and effective dates, etc.*)

To Harvey W. Watt & Co., Inc. and/or Southwest Airlines Co.:

- I understand that Harvey W. Watt & Co., Inc. (Harvey Watt), Southwest Airlines Co. ("Southwest") will use the information to assist in the determination of my eligibility or entitlement for benefits and to provide Federal Aviation Administration (FAA) license re-certification assistance for me.
- I understand and agree that this authorization shall remain in force throughout the duration of my claim for benefits with Harvey Watt and/or Southwest. I understand that I have the right to refuse to sign this authorization and a right to revoke this authorization at any time by sending a written statement to Harvey Watt, except to the extent that it has been relied upon to disclose requested records. A revocation of the authorization or the failure to sign the authorization:
 - May impair Harvey Watt's ability to evaluate or process my claim for benefits and may be a basis for denying my claim for benefits.
 - May also impair Harvey Watt's ability to evaluate my eligibility for FAA license re-certification assistance and may be a basis for Harvey Watt being unable to provide such assistance.

Authorization to Obtain Information (continued)

- I understand that in the course of conducting their respective business, Harvey Watt may disclose information they have about me to non-affiliated parties, such as a plan administrator or person performing business or legal services for Harvey Watt and/or Southwest. Prior to any such sharing, Harvey Watt and/or Southwest will have an appropriate confidentiality agreement in place between it and any such party.
- I understand that the information disclosed to Harvey Watt and/or Southwest pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by the federal privacy regulation or as otherwise permitted or required by law.
- I understand that this authorization may not be altered in any way.
- I acknowledge that a photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.
- I have read both pages of this authorization and understand that by my signature I agree to both pages of this authorization.

Printed Name of Claimant:

Employee Number:

Date of Birth:

Signature of Claimant/Guardian/Representative:

Date:

Printed Name of Guardian/Representative (*if applicable*):