

Member or Dependent Authorization To Use and Disclose Personal Employment and Financial Information



THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Upon presentation of the original or a photocopy of this signed authorization, I authorize any representative of The Board of Pensions of the Presbyterian Church (U.S.A.), and its designated agents, to release (by written or oral communication) to:

Intended Recipient of Information:

(Type or print name of authorized individual and organization, mailing address, and telephone number)

Name _____

Address _____

City _____ State _____ ZIP _____

Phone () _____

This release includes any information in possession of the Board of Pensions regarding *(check applicable information)*:

- my employment status, including my current and former employment status and salary.
- my benefits coverage under the Benefits Plan of the Presbyterian Church (U.S.A.).
- my disability plan claim(s) and related information. This information may include, but is not limited to, diagnosis, results of physical and/or psychological and psychiatric examinations, laboratory and diagnostic studies, treatment rendered, my healthcare providers' opinion of my physical and mental condition. This authorization does not apply to Medical Plan information. A HIPAA authorization form is required for the release of said information.
- address and contact information.
- all of the above.
- other _____

I understand that this authorization remains valid until such time as I notify the Board, in writing, that it is revoked.

Member's signature *(required)* _____ Date *(mm/dd/yyyy)* _____

Print name _____ Last 4 digits of SSN _____

Address _____

City _____ State _____ ZIP _____