



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

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

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: <i>(Type or print name of authorized individual and organization, mailing address, and telephone number)</i>		
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.

Authorization		
Member's signature <i>(required)</i>	Date <i>(mm/dd/yyyy)</i>	
Print name	Last 4 digits of SSN	
Address		
City	State	ZIP

Due to current circumstances, DO NOT mail this form to the Board of Pensions.
To avoid delays in processing, email your completed form to memberservices@pensions.org. If you need assistance emailing this form, please contact the Board at 800-773-7752 (800-PRESPLAN).