



Authorization to Release Information

(Complete **only to authorize** MOSERS to release your personal information)

Please print. • See reverse side for instructions.

SECTION A - PERSONAL INFORMATION

Social Security Number or Member ID _____ **Date of Birth** _____

Name (last/first/middle) _____

Primary Phone _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
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Email Address _____

SECTION B - AUTHORIZATION

Complete the information below to authorize MOSERS to release your personal information as requested. (Person must be at least 18 years old.)

BENEFIT INFORMATION TO BE RELEASED	<input type="checkbox"/> All Available Information	PERSON/ORGANIZATION #1	Name (last/first/middle) _____
	<input type="checkbox"/> Life Insurance		Phone Number _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	<input type="checkbox"/> Disability		Alternate Phone Number _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	<input type="checkbox"/> Divorce Related		Email Address _____ Relationship to Member _____
	<input type="checkbox"/> Retirement		Organization (if applicable) _____
	<input type="checkbox"/> Other _____		Release will be effective for: <input type="checkbox"/> 90 Days (one-time authorization) <input type="checkbox"/> For My Lifetime (unless amended or revoked)

BENEFIT INFORMATION TO BE RELEASED	<input type="checkbox"/> All Available Information	PERSON/ORGANIZATION #2	Name (last/first/middle) _____
	<input type="checkbox"/> Life Insurance		Phone Number _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	<input type="checkbox"/> Disability		Alternate Phone Number _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	<input type="checkbox"/> Divorce Related		Email Address _____ Relationship to Member _____
	<input type="checkbox"/> Retirement		Organization (if applicable) _____
	<input type="checkbox"/> Other _____		Release will be effective for: <input type="checkbox"/> 90 Days (one-time authorization) <input type="checkbox"/> For My Lifetime (unless amended or revoked)

BENEFIT INFORMATION TO BE RELEASED	<input type="checkbox"/> All Available Information	PERSON/ORGANIZATION #3	Name (last/first/middle) _____
	<input type="checkbox"/> Life Insurance		Phone Number _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	<input type="checkbox"/> Disability		Alternate Phone Number _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	<input type="checkbox"/> Divorce Related		Email Address _____ Relationship to Member _____
	<input type="checkbox"/> Retirement		Organization (if applicable) _____
	<input type="checkbox"/> Other _____		Release will be effective for: <input type="checkbox"/> 90 Days (one-time authorization) <input type="checkbox"/> For My Lifetime (unless amended or revoked)

BENEFIT INFORMATION TO BE RELEASED	<input type="checkbox"/> All Available Information	PERSON/ORGANIZATION #4	Name (last/first/middle) _____
	<input type="checkbox"/> Life Insurance		Phone Number _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	<input type="checkbox"/> Disability		Alternate Phone Number _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	<input type="checkbox"/> Divorce Related		Email Address _____ Relationship to Member _____
	<input type="checkbox"/> Retirement		Organization (if applicable) _____
	<input type="checkbox"/> Other _____		Release will be effective for: <input type="checkbox"/> 90 Days (one-time authorization) <input type="checkbox"/> For My Lifetime (unless amended or revoked)

SECTION C - APPLICANT SIGNATURE

I revoke all prior versions of this form previously executed. I hereby authorize MOSERS to release any personal information requested to the person(s)/organization(s) listed above. MOSERS will not be held responsible for the release and subsequent use of the information. I understand that I have the right to revoke this authorization provided that I do so in writing, **except** to the extent that MOSERS has already used or disclosed the information in reliance on the authorization.

Signature _____ **Date** _____

Instructions for Completing

Authorization to Release Information

All member documents and personal information is strictly confidential and will not be shared with others without your authorization. The *Authorization to Release Information* form allows MOSERS to release specific information authorized by you to another person or organization. MOSERS recommends that you complete and submit this form, but it is optional. If you choose to complete this form, it must be signed by you, dated, and delivered to MOSERS to be effective. Steps for completing this form are outlined below.

1. Complete Section A.
2. Authorize specific person(s) or organization(s) to receive your information.
3. Section B.
 - Check type of benefit information to be released.
 - Provide requested demographic information.
 - Check terms for benefit information to be released.
4. Sign and date Section C.
 - Return completed form **only if you wish to authorize** MOSERS to release any of your personal information to another person or organization.