



Participant Information Release

This authorization for release of information is to the General Board of Pension and Health Benefits (General Board).

Part 1 – Participant Information

Name _____ Social Security # _____

Birthdate _____ Daytime phone # _____

Part 2 – Information to be Released

I understand that this release does not authorize the General Board to release any medical information used to determine eligibility for certain benefits due to disability.

I am/was a participant in a benefit plan administered by the General Board. I hereby authorize the release of information regarding the following plans:

- | | | |
|---|--|---|
| <input type="checkbox"/> All plans | <input type="checkbox"/> Comprehensive Protection Plan | <input type="checkbox"/> HealthFlex Program |
| <input type="checkbox"/> Clergy Retirement Security Program | <input type="checkbox"/> Basic Protection Plan | |
| <input type="checkbox"/> Ministerial Pension Plan | <input type="checkbox"/> United Methodist Personal Investment Plan | |
| <input type="checkbox"/> Retirement Security Program | | |

Part 3 – Please release information to:

Name _____ Relationship _____ Birthdate _____

Name _____ Relationship _____ Birthdate _____

Name _____ Relationship _____ Birthdate _____

This release shall be effective beginning (date) _____ and shall remain in effect until it is revoked. I understand that I may revoke this release at any time by notifying the General Board in writing.

Part 4 – Signature. This release is **not** effective until it is signed and notarized.

I hereby agree to indemnify, defend and hold harmless the General Board, its officers, directors, employees, agents and related entities from liability in connection with, or arising out of, the provision of such information or data.

Participant signature _____ Date _____

Signature of notary _____ Notary seal _____

If notary, State of _____ County of _____

Please mail the original of this form to the Data team at the address above. Copies and faxed copies of the form will not be accepted. Be sure to keep a copy for your records.