

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

(Type or Print Name of Authorized Individual and Organization, Mailing Address and Telephone Number)

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 benefit coverage under the Benefits Plan of the Presbyterian Church (U.S.A.).
- my disability plan claim 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 _____ Date _____

Print name _____

Soc. Sec. # _____

Please return your completed election form to:
The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market Street
Philadelphia, PA 19103-3298
800-773-7752 (800-PRESPLAN)