

RELEASE OF INFORMATION

FORM NO. 4.1 (PEPP)

PENSION

I hereby authorize Public Employees' Pension Plan and SGEU Long Term Disability Plan and/or the plan's medical adjudicator to obtain any information regarding my pension contributions and/or status for the purposes of administering my claim.

Member's Name

Signature

Date

This authorization shall remain valid for the duration of my claim for benefits unless previously revoked, in writing, by me or my representative signing this form. Any photocopy or electronic copy of this authorization shall be as valid as the original.

SGEU LTD Office Use Only:

LTD CLAIM # _____ **Date Sent:** _____