

RELEASE OF INFORMATION

FORM NO. 4.3

SHEPP Pension

I hereby authorize Saskatchewan Healthcare Employees' Pension Plan to provide the SGEU Long Term Disability Plan with a status change notification in the event that I have terminated active enrollment in SHEPP, while I am in receipt of SGEU Long Term Disability Benefits.

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:** _____

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