



**FORM # 1**  
**REQUEST OR RELEASE OF INFORMATION**

**GROUP LIFE, EXTENDED HEALTH & DENTAL PLANS**

**Third Party Requests:** I authorize the SGEU LTD Plan, or any of its agents or representatives, to release or share any relevant personal, health and/or claim information including, but not limited to the status, benefits, medical, or vocational reports and/or any other information deemed necessary to my group life insurance plan, extended health or dental plan insurer(s).

**SGEU LTD Requests:** I authorize the SGEU LTD Plan, or any of its agents or representatives, to collect, use or disclose any relevant personal or health information including, but not limited to the status, coverage, benefit amounts or waivers, medical or vocational/RTW (return to-work) reports and/or any other information deemed necessary for the administration of my LTD claim.

Information may be discussed with any agent or representative of the SGEU LTD Plan and third party (as listed above) via telephone, written correspondence, or by any other communication mediums.

I understand that it is my responsibility to notify the SGEU LTD Plan of any changes regarding this authorization and the SGEU LTD Plan is not responsible for the effect of this authorization.

This authorization shall remain valid for the duration of my LTD claim unless revoked in writing by myself or by my designated Contact Representative as per Form # 2. Any photocopy or electronic copy of this authorization shall be as valid as the original.

**Member Authorization**

Date: \_\_\_\_\_

Member's Name (Printed): \_\_\_\_\_

Member's Signature: \_\_\_\_\_