



FORM # 2
REQUEST OR RELEASE OF INFORMATION

REPRESENTATIVE(S)

Representative Requests: I authorize the SGEU LTD Plan and/or the Plan's medical adjudicator, and/or any of its agents or representatives, to release or share any personal or health and/or claim information including, but not limited to the status, benefits, financial details, medical, or vocational/RTW reports, or any other information that may be requested by my representative(s) as per Form # 2.

SGEU LTD Requests: I authorize the SGEU LTD Plan, and/or the Plan's medical adjudicator, and/or any of its agents or representatives, to collect, use or disclose any personal or health information from my representative(s), but not limited to medical documents or vocational/RTW (return to-work) reports and/or any other information deemed necessary during the administration of my LTD claim.

Information may be discussed with my representative(s) and/or the SGEU LTD Plan or the Plan's medical adjudicator 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.

NOTE: A representative may be your spouse, partner, family member, friend, SGEU Union Representative, or another contact person of your choice.

Name of Representative(s)	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Member Authorization

Date: _____

Member's Name (Printed): _____

Member's Signature: _____