



**FORM # 4**  
**RELEASE OF INFORMATION – PENSION PLAN**

**PUBLIC EMPLOYEES BENEFIT AGENCY (PEBA)**  
**PUBLIC EMPLOYEES PENSION PLAN (PEPP)**  
**SASK HEALTHCARE EMPLOYEES' PENSION PLAN (SHEPP)**  
**MUNICIPAL EMPLOYEES' PENSION PLAN (MEPP)**

***NOTE: This form authorizes communication with only the member's pension plan to which they belong or have made contributions.***

**Third Party Requests:** I authorize the SGEU LTD Plan and/or the Plan's medical adjudicator, and/or any of their agents or representatives, to release or share any relevant personal (excludes health or medical information), employment and/or claim information including, but not limited to the status, approval/termination of TD benefits, benefit amounts or financial details, pension deductions or adjustments, and/or any other information that may be requested by my pension plan.

**SGEU LTD Requests:** I authorize the SGEU LTD Plan, and/or the Plan's medical adjudicator, and/or any of their agents or representatives, to collect, use or disclose any relevant personal (excludes health or medical information), employment, financial or pension-related details including, but not limited to my eligibility for pension, access/transfers/withdrawals of any employer pension funds, an estimated 15-year single life annuity statement (if eligible for bridge funding), resignation/termination/retirement dates and/or any other information deemed necessary during the administration of my LTD claim.

Information may be discussed with any agent or representative of the third party, the SGEU LTD Plan and/or the LTD 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.

**Member Authorization**

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

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

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