



**FORM # 5**  
**RELEASE OF INFORMATION**

**SASK WORKERS' COMPENSATION BOARD (WCB)**

**Third Party Requests:** I authorize the SGEU LTD Plan, and/or the Plan's medical adjudicator, or any of their agents or representatives, to release or share any relevant personal, health and/or LTD claim information including, but not limited to the status, adjudicative decisions such as approval/termination of LTD benefits, benefit amounts or financial details, medical documents or vocational/RTW reports and/or any other information deemed necessary by the Sask WCB.

**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, health, and/or WCB claim information including, but not limited to the approval or termination decisions, benefit or financial details, medical reports or vocational/RTW documents 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 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: \_\_\_\_\_