

RELEASE OF INFORMATION

FORM NO. 5

WCB

I hereby authorize and direct the SGEU Long Term Disability Plan and/or the Plan's Medical Adjudicator to obtain any information, from Saskatchewan Workers' Compensation Board, regarding my Workers' Compensation Board Application for entitlement and the decision on such application. This will include, but not limited to medical and financial information.

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.