

**RELEASE OF INFORMATION**

**FORM NO. 7**

**EMPLOYMENT**

I hereby authorize the release or exchange of any employment-related information including the claim status between my employer or **SGEU Labour Relations Officer** and the SGEU LTD Plan that is required for the purpose of administering my SGEU LTD Plan Long-Term Disability claim.

If information is requested from the employer or **SGEU Labour Relations Officer**, this authorization will allow the SGEU LTD Plan to collect, use and disclose my personal employment information, specifically, any attendance or job performance issues or complaints of workplace conflict or harassment that may have occurred.

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Employer

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Member's Name

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Signature

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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.