

## Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642 1-800-222-PERS (7377) www.opers.org



## Authorization for Release of Account Information

Ohio retirement law prohibits the release of confidential account information to a third party unless written authorization is provided by the member or retiree. You or the third party must contact OPERS separately to request account information. Use this form to authorize the release of account information as described below. It cannot be used to initiate a request for information. This form will not authorize access to a member's or retiree's MBS account.

Section 1 - Member Personal Information											
Social Security Number											
First Name	MI	Last Name									
Street or Mailing Address					Apt. Number						
City			State	ZIP Code	_						
Home Phone Number	Work Phone Number		Cell	Phone Number							
E-mail Address											

Section 2 - Type of Information to be Released - This information will only be released when you or the third party contact OPERS separately to request account information. Select the records you wish OPERS to release to those you list in Section 3. You can contact OPERS separately by attaching a specific request to this form or by contacting OPERS at 1-800-222-7377 with your request after this form has been received and validated.

Contributions

Form 1099-R

Earnable salary

Disability medical records

Value of account

Breakdown of benefits

Any/all account information (written and oral)

Income verification

Service credit

or ent	tity(ies) to receive	) or Entity(ies) to the information indi- sheet of paper and in box.	icated in Section 2	. If you wish	n to designa	te more thai	n this Section	allows,
1.	Physician	Attorney	Authorized Agent	· ·				
First Na	ame		MI	Last Name				
Street o	or Mailing Address							
City					State	ZIP Code	-	
Phone I	Number		Fax Phone Number	-				
2.	Physician	Attorney	Authorized Agent					
First Na	ame		MI	Last Name				
Street	or Mailing Address							
City					State	ZIP Code	-	
Phone	Number		Fax Phone Numbe	r				
Secti	ion 4 - Member	Authorization						
	to request and rece	45.27, Ohio Revised ive the indicated inf						
This au	uthorization is good	(check one):						
Fo	or 60 days	For 90 days	Indefinitely	Until	Month Day	y Year		
	•	the authorization w			date it was	s signed		
I ask th must b person	nat you honor copie be sent to OPERS for organization indication	es or faxed transmiss r its membership rec ated. I understand t tion as provided abo	ions of this author cords. I authorize chat I may provide	rization form. OPERS to rele	I acknowle	edge that ada a indicated	on this form t	o the
	rstand that medical an, per Ohio retire	records can be rele ment law.	ased only to my p	hysician, atto	orney, or age	ent or the Re	etirement Boar	rd's
Membe	er Signature	Do not or	rint or type name.			Month	Day Year	-
		Do not pi	int or type name.					