61324

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 61324 (Rev. 08-2021)

Clear Form

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PART A MEMBER INFORMATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)

PART B PLANS

Select all that apply:

☐ Retirement Plan(s) ☐ Defined Benefit ☐ Defined Contribution ☐ 457 Deferred Compensation	☐ Insurance Plan(s) ☐ Life ☐ FlexComp ☐ Health, Dental, Vision (Must also complete an Authorization to Disclose Protected Health Information SFN 58770)

PART C DISCLOSURE

I am requesting that my records be disclosed specifically for the following purpose(s):

I authorize NDPERS to disclose the above indicated accounts/records to the following:

Agency / Name				Relationship (if applicable)
Address	City	State	ZIP Code	Telephone Number

PART E DURATION OF AUTHORIZATION

Select only one:

☐ Specific Date/Event	☐ No Expiration Date

PART F AUTHORIZATION

I understand I have the right to revoke this authorization in writing at any time by sending written notification to NDPERS by mail, fax or e-mail. I understand that a revocation is not effective to the extent that NDPERS has already relied on the authorization granted by this form for release or disclosure of confidential information. I understand that information disclosed under this authorization may be further disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Member (Electronic Signature will not be accepted)	Date