



P.O. Box 11657 Pleasanton, CA 94588 888 327 2770 fax 925 460 3920

**INFORMATION RELEASE DOCUMENT**

Legislation has been enacted to protect confidential or personal information for much of the benefit information that EBS stores to administer your benefit plan. That protected information cannot be released to a spouse, or other person, without authorization from you, as the plan participant. If you would like to have EBS release your account balance, or relative information about the benefit in which you are participating, please complete this form in it's entirety and return to EBS.

Protected Information is individually identifiable information, which is created, modified, received or maintained by EBS. It includes a person's name or information that taken together could be used to identify a person, such as:

- Date of birth
- Address, zip code
- Social Security Number
- Gender
- Phone number, email address, fax number, IP address
- Debit or credit card information

THIS FORM IS:	<input type="radio"/> NEW	<input type="radio"/> REPRESENTS A CHANGE	<input type="radio"/> TERMINATED
---------------	---------------------------	---	----------------------------------

**Authorization Form**

Your Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Company you work for: \_\_\_\_\_

**Name of person(s) that you authorize EBS to release information to and their relationship to you:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Benefit Plan(s) for which you authorize release of information:**

\_\_\_ Flexible Spending Accounts - Dependent Care / Medical Care Reimbursement Plans

\_\_\_ Qualified Transit/Parking Plans

\_\_\_ COBRA

\_\_\_ Voluntary Insured Benefits

\_\_\_ Retiree Benefits

\_\_\_ Other (explain) \_\_\_\_\_

I agree that EBS may release information as requested by those I have named as authorized above, until this authorization is terminated or revoked by me in writing. I understand that the information my authorized representative may receive may include medical or other personal information as stored in EBS' database for the benefit in which I am participating.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_