



P.O. Box 349  
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**OPTIONAL**

**CONSENT FORM DESIGNATING  
 AUTHORIZED REPRESENTATIVES**

Member Name:

Prefix                                      First                                      MI                                      Last                                      Suffix

Last Four Digits of Social Security Number:

I hereby authorize Maine Public Employees Retirement System (MainePERS) to discuss or release any and all information pertaining to the following categories (if checked) to the representative(s) designated below:

- disability application or review (including relevant medical information)
- survivor benefit
- group life insurance (including relevant medical information)
- employment information including wages and personnel records
- retirement or refund application
- MaineSTART
- benefit information
- other (specify): \_\_\_\_\_

Note any special instructions pertaining to the discussion or release of the information checked:

\_\_\_\_\_

\_\_\_\_\_

**Designated Representative(s)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notwithstanding the use of the word "Representative," this consent form is only for the purpose of authorizing employees of MainePERS to discuss and release information to the above individuals, and does not, in and of itself, authorize those individual(s) to make decisions on my behalf.

I understand that this authorization may be revoked by me at any time. In order to revoke, I need to execute a written revocation, subject to the right of any person who acted in reliance of this authorization prior to receiving written notice of the revocation. I understand that this authorization may be revoked by mailing or hand delivering a notice to that effect to the following address:

**MainePERS, P.O. Box 349, Augusta, ME 04332-0349**

Any revocation should indicate whether or not it applies to a specific representative or to all representatives listed on this form. Unless otherwise specified, the revocation will be applied to all the representatives listed above.

This consent shall expire 12 months from the date of my signature below.

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