



Montana Public Employee Retirement Administration
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<http://mpera.mt.gov>

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

BENEFIT RECIPIENT INFORMATION			
Last Name	First name	Retirement System(s)	
Date of Birth	Address		
Phone Number	City	State	Zip
INDIVIDUAL/ENTITY AUTHORIZED TO RECEIVE CONFIDENTIAL INFORMATION If You Wish to Authorize More than One Individual/Entity, Complete An Additional Form(s)			
Printed Name		Relationship to Member	
Phone Number	Address		
MEMBER AUTHORIZATION and SIGNATURE THIS FORM WILL NOT BE PROCESSED WITHOUT A SIGNATURE			
<p>I understand that without this authorization, MPERA will treat information specifically relating to my retirement benefit and eligibility in the retirement system identified above as confidential information and will not release that information. My purpose in executing this authorization is to waive the right of confidentiality in order to allow the above-named individual or entity to have access to either (<i>check one</i>):</p> <p><input type="checkbox"/> Any and all information relating to my account, including but not limited to my account balance, contributions, beneficiary designations, elections and benefit amount, except that MPERA is only authorized to disclose disability determination information if specified below.</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p>			
Authorization period (<i>check one</i>): <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Indefinitely <input type="checkbox"/> Until ____/____/____			
<p>Revocation. I understand I may revoke this authorization at any time by providing written notice of revocation of this authorization to MPERA, including my full name and the person/entity I have authorized to receive confidential information. A revocation of this authorization will not be effective for disclosures already made in reliance on this authorization.</p>			
Signature		Date	

PLEASE KEEP A COPY FOR YOUR RECORDS