

Ohio Police & Fire Pension Fund 140 East Town Street Columbus, OH 43215 Phone: 888-864-8363 Fax: (614) 628–1777

www.op-f.org

AUTHORIZATION TO RELEASE RECORDS

(other than medical records)

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if you want OP&F to release any personal record that is deemed confidential under Ohio law. Records that are specifically excluded from inspection under Ohio law are records relating to:

- · your family;
- address:
- employment history;
- salary history;
- pension amount;
- disability benefit amount;
- · benefit application status; and
- medical records.

Once you have accepted a benefit, your status as a disability or service benefit recipient, the provision of law under which you retired, your disability award once accepted, and any other information permitted under OP&F's governing policies on the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a matter of public record, however, the amount of the benefit or other confidential information will not be disclosed without your authorization.

This authorization will remain in effect for the term of one year from the date you sign it, unless you rescind it in writing.

If you wish to release your medical records, please complete an *Authorization to Release Medical Records* form, but note that medical records can only be released to you, your attorney, personal physician, or designated agent. Please complete a *Designation of Agent* form to designate someone as an agent.

For more information, please contact OP&F Customer Service for assistance.

Section A: Member information Name: First, MI, Last, suffix (Jr. III, etc.)	Social Security Number	
Street Address / Post office box	Home telephone	Date of birth
City, State, ZIP code	Alternate telephone:	
Section B: Release of records		
Person or Organization:	Name and Title	
Street Address / Post office box	Phone number	
City, State, ZIP code	Fax number	

Section C	: Type of record to release		
Select which	records you wish OP&F to release to the person	listed in section B:	
	Address		
	Annuity payment plan		
	DROP ledger		
	Contribution history only		
	Family information		
	Gross monthly pension benefit amount/COLA ar	nount or calculation	
	Gross DROP amount		
	Retiree check history		
	Service credit only		
	Salary history only		
	Status of my application		
	Member account detail report		
	Membership dates (i.e. date of entry and effective	e date of retirement)	
	Other		<u> </u>
Section D	: Signature and acknowledgement		
having been release any i Section B; I u by me, unles	er described in Section A of this Authorization to A duly sworn, represent that I am the person herein information concerning the records I selected in Sunderstand and agree that this authorization will be I rescind it in writing; and waive my rights to any ch may result from the release of this information	n described; it is my will section C of this form to be in effect for the term y claim against OP&F, i	and intent to authorize OP&F to the person or organization named in of one year from the date it is signed
Signature:			Date of signature:
Section F	: Notary public requirement		
	ublic in good standing must sign in the space provid	ed in this section and af	ïx their seal.
State of	, County of		ss:
	g Authorization to Release Records (other than m		
Affix Seal here		Notary's signature:	
		Print name:	
		My commission expires:	