



San Bernardino County Employees' Retirement Association

Release of Information

P: 909.885.7980 | E: memberservices@sbcera.org | sbcera.org

Submit this Form:

Mail | 348 W. Hospitality Lane Suite 100,
San Bernardino, CA 92408
Fax | 909.884.1904
Online | SBCERA.org/mySBCERA

Authorization

Individual records of members shall be confidential and shall not be disclosed to anyone except insofar as may be necessary upon order of a court of competent jurisdiction or upon written authorization by the member (Gov. Code § 31532). Medical records will not be released with this form. This authorization shall be effective immediately and shall remain in effect for thirty (30) days from the date of signature. This Authorization is subject to written revocation by the undersigned at any time between now and the disclosure of information by the disclosing party. Written revocation will be effective upon receipt.

The person presenting this document will be required to show proper photo identification prior to information and/or documents being released.

A photocopy of this document will serve as sufficient consent unless I cross out this sentence, in which event SBCERA will require that my signature on this statement be an original.

Section 1 Information About You

For security and identification purposes, we **require your SBCERA ID number or the last four digits of your SSN.**

Your SBCERA identification number can be accessed in your mySBCERA account.

SBCERA ID or Last Four Digits of SSN		
Last Name	First Name	Middle Initial
Mailing Address		
City	State	Zip Code
Phone Number	Email Address	

Section 2 Information to be Released

This section authorizes a person designated by you, the SBCERA member, to receive the information and/or documents indicated. Information and/or documents **not** indicated in this section will **not** be released. Commonly requested forms or information may be a Benefit Estimate, Member Statement, Verification of Income, account balance Inquiry, or refund check.

I hereby authorize SBCERA to release the following information and/or documents to:

Authorized Recipient Name	Relationship to Member
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Information/Document
Information/Document
Information/Document
Information/Document

Section 3 Member Certification

This form will be rejected if this section is not complete.



I hereby request that SBCERA release the information indicated to the Authorized Recipient.

X _____
Signature of Member **Date**