



Your Flexible Benefits Organization

AUTHORIZATION TO RELEASE PERSONAL INFORMATION FORM

PLEASE READ CAREFULLY: This form authorizes 125Company to release personal information to another person or organizations that you designate. Personal information may include but is not limited to the following: claim information (including provider name, and dollar amount), reimbursement information, explanation of benefits (EOB), receipt request letters, premium amounts, insurance carrier name, web access, debit card, bank account information and general plan inquiries. Once information is disclosed pursuant to this authorization, the federal privacy standards (45 C.F.R Part 164) protecting health information may not apply to the recipient of the information and therefore, may not prohibit the recipient from re-disclosing the information. Unless earlier revoked in writing, this authorization expires automatically at the end of the 12 month period following termination of your coverage. Revoking this authorization will not affect any actions taken prior to the receipt of your written request. This request is voluntary and the plan cannot condition your eligibility for benefits, treatment, enrollment or claim's payment based on signing this authorization.

Employee Information:

Employee Name:		Social Security #:
Address:		
City:	State:	Zip:
Email:	Phone #:	

Recipient Information:

Recipient Name/Organization:		
Address:		
City:	State:	Zip:
Relationship to Participant: <input type="checkbox"/> Legal Representative* <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Parent <input type="checkbox"/> Other		

If the participant is unable to complete this form and you are the participants Legal Representative then:

1. Complete this form and provide a copy of the legal documentation of your representation, such as a court order, Power of Attorney or Guardianship.

Information To Be Released:

Grant Full Access – The recipient will have full access and can make any necessary changes to the account information.

Grant Limited Access – For informational purposes only. The recipient will not be allowed to make any account changes.

Grant Specific Access – Please Specify:

Authorization: I hereby authorize 125Company to release my information as described above until I revoke/cancel this request in writing.

Print Name:	
Signature:	Date:

Cancellation:

I wish to revoke account privileges for the following recipient:

Print Name:	
Signature:	Date: