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# INDIANA LABORERS PENSION FUND

P.O. BOX 1587 • TERRE HAUTE, INDIANA 47808-1587

Telephone (812) 238-2551 • Toll Free (800) 962-3158 • Fax (812) 238-2553 • [www.IndianaLaborers.org](http://www.IndianaLaborers.org)

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## AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIANA LABORERS PENSION FUND

To: Any physician, hospital, pharmacist or other provider of health care services; insurer, employer; group policy holder; government agency; consumer reporting agency; policy or benefit plan administrator:

You may give the Indiana Laborers Pension Fund information about \_\_\_\_\_  
health, work status or health coverage. Participant's name

You may also give this information on the Indiana Laborers Pension Fund's behalf to (a) the claim investigation department of a consumer reporting agency; or (b) the claim department of a policy or benefit plan administrator. Health information means all records about: (a) a physical or mental health condition; (b) medical treatment and supplies; and (c) drug or alcohol use, if needed to evaluate any claim. This information will be used to evaluate my claim for pension benefits. This form will be valid for the duration of my claim. A photocopy of this form is as valid as the original. I will receive a copy of this form if I ask for one in writing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

*Any person who knowingly and with intent to defraud or deceive the Indiana Laborers Pension Fund files a statement of claim containing any false, incomplete or misleading information may be subject to criminal penalties.*

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