

**EXHIBIT 3
MEDICAL RELEASE FORM**

Dear Dr. _____:

To qualify for Sick Leave Benefits, employees of NORTHERN INDIANA PUBLIC SERVICE COMPANY must have their private physician substantiate that they are physically unable to perform their assigned work.

My claim for benefits has been withheld pending further investigation and analysis. I would appreciate if you would supply the Chief Company Doctor for NORTHERN INDIANA PUBLIC SERVICE COMPANY with copies of my medical records or a summary report noting the day or days that I was seen by you, the factors, treatment, test results, and diagnosis concerning this specific illness/injury.

I hereby authorize Dr. _____ to release to the Chief Company Doctor for NORTHERN INDIANA PUBLIC SERVICE COMPANY all medical records required to process my claim for Sick Leave Benefits which relate to the illness/injury for which I was treated by you for the following period:

Begin Date: _____ To: _____

Thank you for your cooperation.

Employee Signature

Witness

LABOR RELATIONS Date
Signed

**ALL MEDICAL INFORMATION SHOULD BE SENT DIRECTLY TO
CHIEF COMPANY DOCTOR:**

Sylvia McKnight, M.D.
CONCENTRA
6423 Columbia Ave; Hammond, IN 46320
Phone: (219) 937-3632 Fax: (219) 937-4715

Please send a COPY TO THE EMPLOYEE:

Name: _____ Employee Name
Address: _____ Employee Address