

AUTHORIZATION TO RELEASE INFORMATION

Claimant Name _____
(Please type or legibly print claimant name)

Date of Birth _____ **Social Security Number** _____
(MM/DD/YY) (Last 4 digits)

The injured employee (or dependent, if the employee is deceased) must complete and sign the following authorization, which the Uninsured Employers Guaranty Fund may use to collect records relating to medical treatment that the injured or deceased employee received and to collect wage information from the injured or deceased employee's current or previous employer(s).

To Whom It May Concern:

By signing below, I hereby request and authorize you to furnish to the Pennsylvania Uninsured Employers Guaranty Fund, or its representative(s), any and all information you have concerning the above-named employee with respect to any illness or injury, medical history, consultation, treatment, including x-rays, as well as copies of all hospital or medical records, military records, or other government records.

I further request and authorize employers to furnish complete information concerning wages, commissions, and the like. By signing below, I attest that I am the employee identified above, or that I am the deceased employee's dependent authorized to request the release of such records, and that I am pursuing a claim for benefits under the Pennsylvania Workers' Compensation Act.

Should entities subsequently refuse to honor this Notice's Authorization for any reason, employee/dependent hereby further agrees, upon request by the UEGF, to physically sign and authorize any subsequently provided Authorization form necessary to obtain these records.

A photocopy of this authorization shall be considered as effective and valid as the original authorization.

Signature _____ **Date** _____

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Workers' Compensation
Office of Adjudication**
844.237.6316
WCOAResourceCenter@pa.gov

**Employer Information
Services**
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*