



RELEASE OF INFORMATION

**FORM
304**
(Rev. 2019)

Purpose of the form: Use this form to authorize CCCERA to release information pertaining to your accounts and benefits to named individuals.

Instructions: Complete the form in blue or black ink.

| Member Information | |
|----------------------------|-------------------|
| Name – First, Middle, Last | Social Security # |

| Individual(s) to Whom Information May be Released | | |
|---|------------------------|----------|
| Name – First, Middle, Last | Phone (with area code) | |
| Street or P.O. Box | | |
| City | State | Zip Code |
| Name – First, Middle, Last | Phone (with area code) | |
| Street or P.O. Box | | |
| City | State | Zip Code |

| Member Authorization | | |
|---|-------------------|-------------------|
| <p>Completion of this document authorizes the disclosure and/or use of individually identifiable records of the CCCERA member, as set forth on this form, consistent with California and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.</p> <p>Records Release: Pursuant to Govt. Code § 31532, I hereby give my written consent and authorization for the release and disclosure of my protected sworn statements and individual CCCERA records under County Employees Retirement Law of 1937 ("CERL") (Govt. Code § 31450, et seq.) Such information may be released only to the person(s) designated above.</p> <p>Validity and Revocation: Unless cancelled by the CCCERA Member in writing, this Authorization shall be valid for two years from the date of signature hereon. The CCCERA Member can revoke this Authorization at any time. The revocation must be made in writing, and delivered to CCCERA at 1200 Concord Avenue, Suite 300, Concord, CA 94520. The revocation will be effective upon actual receipt by CCCERA.</p> <p>I authorize CCCERA to release any and all information pertaining to my account(s), including benefits to which I am or may be entitled to in the future, to the individuals listed above. I further authorize CCCERA staff to discuss my account(s) and benefits with these same individuals.</p> <p>I understand that I have the right to revoke this authorization at any time by notifying CCCERA in writing. I understand that the revocation is only effective after it is received and logged by CCCERA. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.</p> <p>I understand that after this information is disclosed, State and Federal law might not protect it and the recipient might use or disclose it to others with or without my knowledge, consent, or authorization.</p> <p>I have read the above and I fully understand that my authorization of this information release will permit the person(s) listed above to inspect, review, and copy my CCCERA records, for a period of two years from the date of signature hereon.</p> | | |
| <table border="1"> <tr> <td>Signature</td> <td>Date – mm/dd/yyyy</td> </tr> </table> | Signature | Date – mm/dd/yyyy |
| Signature | Date – mm/dd/yyyy | |