



Employee Consent to Pima County's Disclosure/Access of Personal Information and Release of Liability

I, _____ (print name), EIN _____ authorize and give my consent for Pima County to release/receive any information regarding my duties, work schedule, attendance, payroll, and any medical information, including information pertaining to FMLA, ADA, or workers' compensation conditions, for the purposes of processing or managing my benefits claim with:

Lincoln Financial Group
Broadspire, LTD Administrator for Arizona State Retirement System (ASRS)
Minnesota Life Insurance, A Securian Company

This authorization also allows Pima County to provide such information to any other person or entity for the purposes of processing or managing my benefits claim. Pima County will notify those receiving the information that it should be kept confidential. The information released under this authorization may be completed electronically, by phone, fax, or mail.

Employee Signature

Date

Address

City, State, Zip Code