

## AUTHORIZATION TO RELEASE EMPLOYEE BENEFITS INFORMATION

Re: Your Employee: \_\_\_\_\_  
Social Security No. \_\_\_\_\_

The information you are authorized to release shall include, but not be limited to, my earnings, wages, other forms of compensation, my employee benefits, fringe benefits, profit sharing, retirement and/or pension benefits, health, dental, vision, life insurance and disability benefits, performance records, attendance records, employer/employee investment plans, stock plans, savings plans, thrift plans, employee stock option plans, 401K, deferred compensation, supplemental or excess benefit plans, “golden parachute” or “silver seatbelt” provisions, vested bonus not yet paid, zero balance reimbursement accounts and employment-related trusts.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public, personally appeared the above-named person who acknowledged signing the above and foregoing instrument as a free act and deed.

My Commission Expires: