



## AUTHORIZATION FOR RELEASE OF MEMBER INFORMATION

The Kern County Employees' Retirement Association (KCERA) is governed by the County Employees Retirement Law of 1937 ("the Act"). (Cal. Gov. Code<sup>1</sup> §31450 et seq.) Pursuant to section 31532 of the Act, individual records supplied to KCERA by a member or provided to KCERA on the member's behalf are confidential and are not to be disclosed absent a court order or written authorization by the member<sup>2</sup>.

Completion of this document authorizes the disclosure and use of information created by or supplied to KCERA regarding your membership. Failure to provide information requested may invalidate this authorization.

Name of Member: \_\_\_\_\_

I hereby authorize KCERA to discuss with and/or release information to:

\_\_\_\_\_  
*(Person(s) / Organization(s) authorized to receive the information)*

\_\_\_\_\_  
*(Address – street, city, state, zip code)*

The following information:

***(initial as appropriate)***

\_\_\_\_\_ Benefit Estimate

\_\_\_\_\_ Annual Benefit Statement (list year): \_\_\_\_\_

\_\_\_\_\_ Account Balance

\_\_\_\_\_ Pension Warrant (list dates): \_\_\_\_\_

\_\_\_\_\_ Medical Records (specify records to be released): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> All statutory references refer to the California Government Code unless otherwise stated.

<sup>2</sup> Under certain circumstances, KCERA may be required by law to disclose member information. (See California Public Act, Cal. Gov. Code §6253 et seq.)

**Effective Date and Expiration**

I understand that this authorization shall be effective immediately and shall remain in effect for thirty (30) days from the date of my signature below.

**My Rights**

I may refuse to sign this authorization.

I may revoke this authorization at any time, but I must do so in writing and submit it to KCERA at 11125 River Run Boulevard, Bakersfield, California 93311.

My request to withdraw this authorization (revocation) will take effect upon receipt, except to the extent others have acted in reliance upon this authorization.

I have a right to receive a copy of this authorization.

I understand that information disclosed pursuant to this authorization could be disclosed by the authorized recipient(s).

I understand and agree that if I do not to personally deliver this Release to KCERA, the Acknowledgment of Notary Public on the following page must be completed.

\_\_\_\_\_  
*Member Name*

\_\_\_\_\_  
*Member's Signature*

\_\_\_\_\_  
*Date*

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**KCERA use only:**

\_\_\_\_\_  
*Name of Authorized KCERA employee accepting release*

\_\_\_\_\_  
*Name of Individual(s) Presenting/Requesting Release*

\_\_\_\_\_  
*Signature of Authorized KCERA employee*

\_\_\_\_\_  
*Date*

**Acknowledgement of Notary Public**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, before me \_\_\_\_\_  
(Date) (Name and Title of the Officer)

personally appeared \_\_\_\_\_, who proved to  
(Name)

me on the basis of satisfactory evidence to be the person whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

**Witness my hand and Official Seal**

**Seal:**

\_\_\_\_\_  
(Signature of Notary Public)