LACERA Los Angeles County Employees Retirement Association
300 N. Lake Ave., Pasadena, CA 91101 / PO Box 7060, Pasadena, CA 91109-7060 / www.lacera.com / 626/564-6132 • 800/786-6464

SUPPLEMENTAL MEDICAL RELEASE

1) I, hereby authorize the Los Angeles County Employees Retirement Association (LACERA) to procure and have in its possession any and all medical and psychological information from the following locations:

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2) I understand this includes, but is not limited to, hospital and other records; test results including X-rays, HIV test, and lab reports; medical and psychological records, notes, and reports; and records and/or results from any providers or services.

3) I hereby authorize LACERA to procure any and all information, including sealed and unsealed documents in the personnel file, payroll and other records, reports and/or items concerning my employment.

4) I hereby authorize LACERA to procure police and/or other reports concerning any incident in which I have been involved.

5) I acknowledge a photocopy of this document shall be as valid as the original.

6) I understand this Authorization shall remain valid until the determination of my request for disability.

7) I understand I may receive a copy of this Authorization at any time.

8) I understand I may revoke this Authorization in writing filed with LACERA's Disability Retirement Services. I understand that by revoking this Authorization, my Disability Application will be subject to rejection.

9) I understand that information provided to LACERA may be subject to redisclosure, and that LACERA cannot guarantee its protection.

10) I understand that LACERA is materially relying on the information provided pursuant to this Authorization.

Signed: ____________________________ Dated: ____________________

SS #: ____________________________ Employee #: ____________________