

5 N 5th Street
 Harrisburg PA 17101-1905
 Toll-free: 1.888.773.7748
 www.pasers.pa.gov
 Fax: 717.772.3860
 PSRS-1273 (09/2020)

Authorization for Release of Information



Mail Center

Keep the following items in mind when completing this form to prevent delays in processing your *Authorization for Release of Information (PSRS-1273)*:

- Your form will not be processed if it is incomplete or illegible.
- If you are a participant in PSERS Defined Contribution (DC) Plan, your authorization for release of information will also apply to your DC Plan unless you specify otherwise.
- Complete **Section A** if you would like a specific document(s) faxed or mailed to another party on your behalf.
 - Please allow 5 business days from the day PSERS receives your properly completed authorization for the information to be faxed or mailed to your approved party.
 - If you require information to be faxed to you earlier than 5 business days, complete this form, fax it to PSERS, and then contact PSERS by phone.
 - If you are requesting PSERS DC Plan information, PSERS may need to contact PSERS Third Party Administrator. This can increase the processing time frame.
 - If you have specified a specific date and/or time for when a fax must be sent and your request is processed beyond that time frame, your requested document(s) will be **mailed** to the your address on file and not faxed.
 - When completing Section A, please be aware that some documents may contain your name, home address, telephone number, and full social security number.
 - Commonly-requested documents include:

Active Members:

Present Value of Account
 Statements of Account
 Estimates (already prepared)

Retired Members:

Income Verification
Form 1099-R
 Benefit Payment Letters

PSERS DC Plan-Related Information:

Quarterly Financial Statements
 After-Tax Contribution Information
 Investment Information

- Complete **Section B** if you would like to authorize PSERS to discuss your account information with another person or people if they call, email, write or appear in person at PSERS.
 - If there is any information that you do not want released to the named individual(s), you must state that in the space provided in Section B.
 - You must indicate how long you would like your authorization to be valid in Section B. The information you request to be released will only be released to the authorized party(ies) within the length of time this authorization is valid.
- Remember, you may rescind your authorization prior to the expiration of the term limit. To do so, you must submit a letter to PSERS stating that you are rescinding the authorization for the person(s) you previously named.
 - NOTE: Submission of an additional release form will not rescind a previously submitted release form.
- Complete **Section C**. You or your authorized representative (PSERS approved power of attorney, guardian) must sign and date the form.

You must print this form, provide a handwritten signature, date the form, and mail or fax it to PSERS at the address/fax number shown on the top of this page.

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Member Name (please print)

PSERS ID or SSN

Complete Section A if you are requesting a one-time transaction. Complete Section B if you are authorizing ongoing release of information.

A One-Time Transaction

I hereby authorize the Public School Employees' Retirement System (PSERS) to mail and/or fax information on my behalf to the following:

Name:	
Business (if applicable)	
Fax Number and/or Mailing Address	
Specific document(s) to be sent	
Date and Time to be faxed*	

*NOTE: Complete this field **only** if requesting a fax that must be received on a specific date and time. If PSERS cannot meet your requested time frame, the information will be mailed directly to you at the address we have on file. It will not be faxed.

Provide a contact number where you can be reached if we cannot accommodate your request:

B Ongoing Authorization

I hereby authorize the Public School Employees' Retirement System (PSERS) to release information about my PSERS account to the following individual(s):

Name of Person(s)*	Relationship	Length of Time Authorization is Valid (e.g., 6 months, 1 year, Indefinitely)

*A specific contact person **must** be named if authorizing release of information to a place of business.

State any information which should **NOT** be released to the above individual(s):

C Member Certification

Revoking Authorization – If you wish to revoke your authorization prior to the expiration of the term limit listed above, you must submit a letter to PSERS stating that you are rescinding the authorization for the person(s) you previously named.

NOTE: Submission of an additional release form will not rescind a previously submitted release form.

I understand that an authorization to release my account information will remain valid until the time frame listed expires. I understand that this document does not give authority to the designee to make any changes on my behalf and does not revoke or serve as a substitute for designation of a power of attorney or legal guardian.

Member Signature – Print this form, sign and date it, and return it to PSERS

Date