



E. C. Church Benefits Corporation
100 W. Park Ave., Myerstown, PA 17067
(717)866-7581

Authorization to Obtain Information

I authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance or re-insurance company, consumer reporting agency or employer, having information available as to the diagnosis, treatment and prognosis with respect to any physical or mental condition and/or my treatment and any other non-medical information of me to give to the Administrators of the Evangelical Congregational Church Benefits Corporation or its legal representatives, any and all such information.

I understand that the information obtained by use of this Authorization will be used to determine eligibility for benefits by the Evangelical Congregational Church Benefits Corporation. Any information obtained will not be released by the administrators to any person or organization; except to persons or organizations performing business or legal services in connection with my claim, or as may be otherwise, lawfully required or as I further authorize.

I know that I may request to receive a copy of this authorization.

I agree that a copy of this Authorization shall be as valid as the original.

I agree that this Authorization shall be valid for two and one-half years from the date shown below.

Signed: _____
(claimant)

Name: _____
(Please print your name legibly.)

Date: _____