DERP Denver Employees Retirement Plan

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Denver, CO 80203

Help@DERP.org
MyDerp.org

AUTHORIZATION TO OBTAIN INFORMATION

DERP ID: _____

I,_____, authorize any physician, employer, plan administrator, governmental entity or organization, medical practitioner, or health care provider to give medical and/or employment information about me including, but not limited to, employment files, disciplinary files, medical history, diagnosis, testing and test results, prognosis and treatment of any physical or mental condition to Denver Employees Retirement Plan. Denver Employees Retirement Plan will use the information to determine my eligibility for a disability retirement.

_____
Member's Printed Name

_____
Member's Signature

_____
Member's Social Security Number

_____
Date