

## Authorization to Obtain Information

Complete, sign, and return **this authorization** with your **Disability Retirement Application** to apply for a disability retirement benefit with the Denver Employees Retirement Plan (DERP). We cannot process your application without this signed authorization.

By signing this authorization, you're giving permission to us to request information from those involved in your medical care, employment, and/or benefits to determine your eligibility for a disability retirement benefit. This may include details about your health, work, and/or disability status.

Providers include, but is not limited to:

- Physicians and medical practitioners
- Healthcare providers
- Employers and plan administrators
- Governmental entities

Information includes, but is not limited to:

- Employment and disciplinary records
- Medical history, diagnosis, and treatments
- Medical tests and test results
- Prognosis or other information your injury or medical condition

### Step 1 – Provide Your Information

_____ Name (First, Middle Initial, Last)	_____ DERP ID (call our office if you don't know your ID)
_____ Address and/or P.O. Box, City, State, Zip Code	
_____ Personal Email Address	_____ Personal Phone Number

### Step 3 – Sign and Date

Your authorization cannot be processed unless you add your handwritten signature and enter the date. Electronic signatures will not be accepted.

By signing below, I hereby authorize the providers involved in my medical care, employment, and/or benefits to provide to DERP details about my health, work, and/or disability status. I understand I may revoke this authorization at any time and that revoking this authorization will not affect information that has already been shared.

_____ Signature	_____ Date
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### Step 4 – Submit Your Disability Retirement Application

Submit your completed and signed authorization using one of the following methods:

- |   |                                  |  |                                 |
|---|----------------------------------|--|---------------------------------|
| ✓ <b>Mail:</b><br>DERP<br>777 Pearl St.<br>Denver, CO 80203 | ✓ <b>Email:</b><br>Help@DERP.org | ✓ <b>Drop off:</b> <ul style="list-style-type: none"><li>• Use the mail slot in the front door.</li><li>• Put in the secure drop box inside the vestibule if the front door is unlocked.</li></ul> | ✓ <b>Fax:</b><br>(303) 839-9525 |
|---|----------------------------------|--|---------------------------------|

**Need to visit us in person? Schedule an appointment. Walk-in visits aren't available.**

