



Federal Police Pension Plan Authorization of Release of Account

The Office of Pay and Retirement Services (OPRS) cannot release any information regarding an Annuitant to anyone without written consent. Completion of this form grants authorization for the Point of Contact to receive limited information on behalf of the Annuitant enrolled in the Federal Police Pension Plan (FPP). Limited information may include general information regarding life insurance coverage, health plan enrollment, verification of annuity and year-end tax statements.

Account of Information to be Released

Select the records you wish to have released to your point of contact upon request. The information listed on this form shall be valid for two consecutive years. The participant is responsible for renewing the form at the end of the two-year period. The authorization granted by this form shall be valid for two consecutive years, effective from the date of the Annuitant's signature. The Annuitant may revoke this authorization in writing at any time, except for that information which has already been released with consent prior to the Annuitant's revocation. The Annuitant is responsible for renewing the form at the end of the two-year period. ***In order for OPRS to discuss information with your point of contact, the form must be signed, dated and notarized.*** Once completed, you must mail, fax or email this form to the Office of Pay and Retirement Services.

Annuitant Information

Social Security Number		Employee ID	Date of Birth
Annuitant First Name	MI	Annuitant Last Name	
Address of Annuitant		City	State Zip Code
Home Phone Number	Cell	E-mail Address	

Point of Contact Information

First Name	MI	Last Name	
Address		City	State Zip Code
Home Phone Number	Work Number	Cell Phone Number	
E-mail Address	Your relationship to the annuitant (example: spouse, daughter ,friend)		

Information to be Released (please check the box(es) below to complete your election)

- Health Insurance
 Life Insurance
 Verification of Annuity
 Year End Statements

Annuitant Signature _____ Date _____