



LEGAL DEFENSE BENEFIT

Authorization To Obtain and Release Information

- I understand the information obtained will be used solely by the New York State Public Employees Federation (PEF) Membership Benefits Program.
- I understand and agree that this information will be used for the purpose of evaluating active, dues-paying members who have been charged with a crime while in the pursuit of their occupational duties. Any information obtained, will not be released by the New York State Public Employees Federation Membership Benefits Program to any person or organization.
- I acknowledge that I have read the authorization. A photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.

This authorization is given in connection with the Legal Defense Benefit claim for benefits. I intend for this authorization to be valid for the duration of the claim. A photocopy or facsimile of this authorization shall be as valid as the original.

PEF Member's Name (please print): _____

Membership Identification Number (MIN): _____ Date: _____

Signature of Member*: _____

* To insert your electronic signature, click Fill & Sign on the right navigation, or under Tools, then click on the Sign symbol at the top of the PDF. Create your signature and place on the signature line.

Please email your form to mbinsurance@pef.org or, print and mail your form to the PEF Membership Benefits Program, 10 Airline Drive, Suite 101, Albany, NY 12205.

If signature above is provided by a legal representative (e.g. Attorney, in Fact, guardian or conservator), please attach documentation of legal status.)

