



LEGAL DEFENSE BENEFIT

Authorization To Obtain And Release Information

- I understand the information obtained will be used solely by New York 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 his/her occupational duties. Any information obtained will not be released by 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): _____

PEF Membership Identification Number (MIN): _____

Date: _____

Signature of Member: _____

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

Please return form to: PEF Membership Benefits Program, 10 Airline Drive, Suite 101, Albany, NY 12205