Reset Form

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

State Form 55176 (R2 / 5-15)

INDIANA PUBLIC RETIREMENT SYSTEM
ANNUITY SAVINGS ACCOUNT ONLY PLAN
P.O. Box 9001
Norfolk, Virginia 23501
Telephone: (888) 526-1687 (Toll-free)
Fax: (800) 386-5127 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

*All Social Security numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code 3405. Disclosure is mandatory and this form will not be processed without this information.

GENERAL INSTRUCTIONS

1. Remove the instruction page included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown above.
2. Type or print using black ink. Complete all requested information and place the Member's name and Social Security number at the top of each page as requested.
3. The AUTHORIZATION section of this form must include the submitter's signature and date in order for this form to be processed by INPRS.
4. If this form is submitted by anyone other than the member or surviving designated beneficiary, INPRS must have appropriate documentation giving the submitter authority to file this waiver (Power of Attorney, Letters of Testamentary, et cetera) on file before information will be released to the designated third party.
5. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
6. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

SUBMITTER

This form was completed by *(check one)*:

☐ Member ☐ Surviving beneficiary ☐ Court-appointed guardian* ☐ Power of Attorney with appropriate powers*

☐ Other* (Personal Representatives, Authorized Distributees under affidavit, and others entitled to information under probate law.)

*In these cases, appropriate documentation is required.

MEMBER INFORMATION

Complete this section with the information about the INPRS member whose account information is being authorized for release by this form. Otherwise, only the fields labeled *required* must be provided.

Member's name	Social Security number *(last 4 digits)**	Pension ID (PID) number	
Address	City	State	ZIP Code
Date of birth *(mm/dd/yyyy)*			

SUBMITTER INFORMATION

This information is required only if the submitter of this form is someone other than the INPRS member whose account information is being authorized for release by this form. *****In the case of a Power of Attorney or court-appointed guardian, the appropriate documents must accompany this form or be on file and in effect with INPRS.

Submitter's name	Telephone number with area code		
Address	City	State	ZIP Code

THIRD PARTY INFORMATION

I hereby authorize the Indiana Public Retirement System to release confidential information and membership records related to this INPRS account to the following third party. (*This information is required.*)

Third party's name	Relationship to member	Telephone number with area code	
Address	City	State	ZIP Code

Member's name	Social Security number *(last 4 digits)**	Pension ID (PID) number

AUTHORIZATION

I, _____, do hereby ☐ **allow** ☐ **disallow** _____
Submitter's name *Third-party's name*

access to all confidential information pertaining to the member's (_____) INPRS
Member's name
account. Unless otherwise stated, this Authorization remains in effect unless revoked in writing to the Indiana Public Retirement System.

I understand that, pursuant to *IC 5-10.5-6-4*, INPRS records of individual members and membership information are confidential, except for the name and years of service of the INPRS member. I further understand and agree that by signing this *Authorization to Release Confidential Information* (Authorization), I am waiving any legal protections that may be provided by this statute to the extent I have directed above and I agree to hold INPRS and its employees harmless for such release.

I understand and agree that any cancellation or modification of this Authorization must be in writing, and that this Authorization shall remain in effect until a written cancellation or modification is received by INPRS. A photocopy or facsimile of this Authorization shall be as effective and valid as the original.

By signing this form, I release and hold harmless INPRS, its agents, and its employees from any and all liability, charges, complaints, claims, causes of action, and damages of any kind which might be asserted in connection with the release of confidential information described herein.

Submitter's signature	Date *(mm/dd/yyyy)*

INSTRUCTIONS FOR

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

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INSTRUCTIONS

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Entry field	Field description
SUBMITTER	
This form was completed by	Select one of the options and note any additional documentation required by the selection
MEMBER INFORMATION	
Member's name	Enter the member's complete name.
Social Security number	Enter the last 4 digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID number.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy.
Address	Enter the member's street address and/or mailing address.
Telephone number/Other telephone number	Enter the member's telephone numbers including area codes.
SUBMITTER INFORMATION	
Submitter's name	Enter the submitter's complete name.
Address	Enter the submitter's street address and/or mailing address.
Telephone number/Other telephone number	Enter the submitter's telephone numbers including area codes.
THIRD-PARTY INFORMATION	
Third-party's name	Enter the third party's complete name.
Relationship to the member	Enter the third-party's relationship to the member.
Address	Enter the third-party's street address and/or mailing address.
Telephone number/Other telephone number	Enter the third-party's telephone numbers including area codes.
AUTHORIZATION	
Entry field	**Field description**
Submitter's name	Enter the submitter's name – must be the same as the entity named in the SUBMITTER INFORMATION section of the form.
Third-party's name	Enter the third-party entity's name – must be the same as the entity named in the THIRD-PARTY INFORMATION section of the form.
Member's name	Enter the member's name – must be the same as the member named in the MEMBER INFORMATION section of the form.
Submitter's signature and date	The submitter must sign and date the form; format mm/dd/yyyy.

HELPFUL INFORMATION			
	INPRS/PERF	**INTERNAL REVENUE SERVICE**	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor