



SOCIAL SECURITY CONSENT

State Form 50824 (R3 / 1-18)

INDIANA PUBLIC RETIREMENT SYSTEM

TEACHERS' RETIREMENT FUND

1 North Capitol Avenue, Suite 001

Indianapolis, IN 46204-2014

Telephone: (844) GO-INPRS (Toll-free)

Fax: (317) 232-3882

E-mail: questions@inprs.in.gov

Web site: www.inprs.in.gov

*Your Social Security number is being requested by this agency pursuant to the requirements of Internal Revenue Code 3405. This disclosure is mandatory and this form cannot be processed without this information

CONSENT FOR DISCLOSURE OF INFORMATION

I, _____, hereby authorize the Social Security Administration to release to the _____
Member's name
 Indiana Public Retirement System (INPRS) on an annual basis information documenting and/or confirming my eligibility or ineligibility to receive Social Security Disability Benefits. I do so with full knowledge that this information is confidential and as such protected from unauthorized disclosure by the Privacy Act, 5 U.S.C. 255a. It is also my understanding that any information provided shall be treated confidentially and be used solely to determine whether I am entitled to receive ongoing disability retirement benefit payments from the Teachers' Retirement Fund (TRF). Finally, I understand that this consent may be revoked at any time. Until such time as I do so revoke this consent in writing; however, this consent shall remain in full force and effect and the Social Security Administration may rely on this consent in responding to requests from INPRS each year, for as many years as INPRS needs this information to confirm my continued eligibility to receive TRF benefits.

MEMBER INFORMATION

Member's name		Social Security number*		Pension ID (PID) number	
Address (number and street)			Telephone number with area code		Other telephone number with area code
City		State	ZIP Code	E-mail address	
Member's signature				Date (mm/dd/yyyy)	

SOCIAL SECURITY ADMINISTRATION

This information is being requested to assist in the administration of disability retirement benefits for the above named individual. The information will be held to be confidential and shall not be disclosed other than in the administration of the retirement program except by written request or consent of the above named individual.

INPRS representative's signature		Date (mm/dd/yyyy)	
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**Please forward the requested eligibility information to INPRS at the address shown on this form.
 Thank you for assisting us in serving this individual.**

IC 5-10.2, IC 5-10.4 & IC 5-10.5 et seq