



## AUTHORIZATION TO RELEASE BENEFITS INFORMATION

**Purpose:** To grant permission for the City of Missoula Human Resources Department to communicate with an authorized individual regarding benefits enrollment and benefits related inquiries on my behalf.

---

### Employee Information:

- **Employee Name:** \_\_\_\_\_
  - **Employee ID:** \_\_\_\_\_
  - **Department:** \_\_\_\_\_
  - **Contact Number:** \_\_\_\_\_
- 

### Authorized Individual Information:

- **Name:** \_\_\_\_\_
- **Relationship to Employee:** \_\_\_\_\_
- **Contact Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

### Authorization:

I, the undersigned, hereby authorize the City of Missoula Human Resource Department to communicate with the individual named above regarding my benefits enrollment and benefits specific questions on my behalf. This authorization is effective as of the date signed and will remain in effect until revoked in writing.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

### HR Department Use Only:

**Received By:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_