

Instruction to Employee:

Complete the form and ensure that all fields are filled in with appropriate information. To submit your authorization of release, fax the completed form to: 855-708-6582 or scan and email to: tier2_ers@uhg.com. Maintain a copy of the release for your own records.

I, _____, authorize UnitedHealth Group to release a copy of my personnel file to the following third party:

Name: Pat Clifford - Dawn Osman
Title: Owner
Company: Legal-Ease Digital Imaging LLC
Address: 2496 Meadowcroft Dr Burton, MI 48519
Telephone Number: 855-543-4003
Email Address: pat.legalease@gmail.com

I acknowledge that upon request, I have had the opportunity to review the contents of my personnel file prior to signing this Authorization.

I understand and agree that a photocopy of this Authorization shall have the same force and effect as the original.

I understand that this consent is revocable except to the extent that action has been taken in reliance thereon and that if not revoked, this consent is effective for one (1) year from the date signed.

Upon release of my personnel file to the above named third party, I relinquish UnitedHealth Group from any and all legal liability which may arise related to UnitedHealth Group's release of my personnel file to the above named third party.

Employee Signature

Date

Employee Name (please print)

Employee ID or Person Number

State of _____

County of _____

Before me, the undersigned authority, on this day personally appeared _____ know to me to be the person whose name is subscribed to the foregoing authorization and who, after being by me duly sworn, upon oath states that the same was executed for the purpose therein expressed.

SUBSCRIBED and SWORN to before me, a Notary Public, on the _____ day of _____, 20____.