

GENERAL EMPLOYEES' RETIREMENT SYSTEM

APPLICATION OF DISABILITY – SUPPLEMENT

MEDICAL RELEASE WAIVER

To facilitate the Board of Trustees of the City of Fort Lauderdale General Employees' Retirement System in carrying out its duty to review, discuss, and determine my application for a disability retirement, I hereby waive the right of confidentiality of medical records and other medical evidence in the custody of the Board of Trustees or elsewhere.

In signing this waiver, I understand such records will be discussed during one or more public meetings and will become part of a public record. I understand that the Board will rely upon this waiver and that I will not be able to withdraw same at a later date.

Member Name (print) _____

Social Security Number _____

Signature _____ Date _____

Witness _____