



AUTHORIZATION FOR THE RELEASE OF SUBSEQUENT INJURY FUND CERTIFICATION STATUS

The Subsequent Injury Fund is intended as an incentive to employers to hire and retain persons having physical restrictions or impairments that may be a barrier to employment. Certification is entirely voluntary and may NOT be used as a means of discrimination against you. In order to receive the benefits of the Fund employers and insurers must be advised the worker has been certified under the Fund. Please complete the following authorization if you would like to notify any of the parties below.

I hereby authorize the Subsequent Injury Fund to release my certification status to the following:
(please check one or more)

_____ Employer

_____ Insurer or third party administrator

_____ Vocational Rehabilitation provider

_____ Other: _____

NOTE: This authorization will allow the Fund to disclose whether or not you have been certified under the Fund. The Fund will not disclose any medical information to the parties listed above.

I may withdraw this consent by giving written notification of withdrawal to the Subsequent Injury Fund. The date for withdrawal will be the date written notification is received by the Fund, and any action taken by the Fund based upon this consent prior to receipt of my written withdrawal is expressly authorized.

DATED: _____

SIGNATURE: _____

TYPE OR PRINT NAME: _____

NOTE: This release is good for 1 year from the date it is originally signed.

Revised 01/2021