

# PRIVACY WAIVER FORM

WE MAKE  
THE COMPLEX  
SIMPLE

In order to protect your privacy, federal law restricts access to personal information about you. Access to information about you is limited to you and to individuals to whom you give written permission.

You may give certain people access to this information in writing by acknowledging and signing this authorization form. Choose the type of permission you are granting by checking the appropriate boxes below (check all that apply). Please note that we will not allow anyone other than the accountholder or member to make changes to the beneficiary designation.

- Account Changes:** Includes changes to contact details such as address, phone numbers, and email address. Allows debit cards to be ordered and fee plan changes to be made.
- Online Services:** Includes changes to email address, username and password resets, and assistance with online access and account information navigation.
- Claims:** Includes all information about claims and reimbursements, such as names of health providers, type of service, service dates, disbursement amounts, and the ability to make stop-payments on claim and disbursement checks.
- Account Maintenance:** Includes access to account activity statements and reports, contribution refund requests, and access to all tax forms.
- Financial Information:** Includes account balances, contribution amounts, investments, disbursement amounts. No health claim information or changes allowed under this option.

\_\_\_\_\_  
Name (Please Print Accountholder Name)

\_\_\_\_\_  
Sterling Account Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**I hereby authorize Sterling to release information regarding my account as stated above to the following individual(s):**

_____	_____	_____
Name	Relationship	Phone Number
_____		_____
Address		End Date of Authorization
_____	_____	_____
Name	Relationship	Phone Number
_____		_____
Address		End Date of Authorization

*Note: If no end date is indicated, a one-year authorization period will be put into effect.*

Please review the form before signing. Information will only be released if requested and if we have your signed authorization. Original signature must be mailed to Sterling's home office at:

**Sterling, P.O. Box 71107, Oakland, CA 94612**

\_\_\_\_\_  
Signature of Accountholder

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Printed Name of Accountholder

\_\_\_\_\_  
Date