Osage Nation Benefit Center
4 Main Street ▪ Peterborough, NH, 03458
Phone: 833.406.0969 ▪ Fax: 603.925.1357
Email: OsageNation@rtconsultingllc.com

Osage Nation Limited Health Benefit Plan

Authorization to Release Information

For my Osage Limited Benefit Account, I authorize the release of any information (except information specifically excluded below) to _____ and whose date of birth is _____.

(**Please print first name, last name and date of birth of the person for which you are designating authorization.)**

Please handwrite below any information you **DO NOT WANT RELEASED** to the person listed above. If nothing is written below, it indicates to us that we can release any/all information.

I understand this includes, but is not limited to, balance information, claims information, username and/or password information (which allows the authorized person direct access to your account via the online portal) unless specifically excluded above.

I understand this authorization remains in effect until I request a change by completing a new Authorization to Release Information form or by my submitting my own handwritten request.

_____	_____
Print Name	6 Digit Osage Tribal Membership Number
_____	_____
Signature	Date
_____	_____
Parent/Guardian Name	Parent/Guardian Tribal Membership Number (If Applicable)