

Claim Information Release Form

This form is to be completed if you wish to authorize Mercer Marketplace to release your claim information for external review.

* = Required Fields

Step 1: Participant Information

*Participant Name (First, MI, Last)

*Employee ID

*Employer Name (Do not abbreviate)

*Social Security Number

*Address

*Date of Birth

Step 2: Release Information

I authorize Mercer Marketplace to release copies of my claim information to the Independent Review Organization (IRO) used by Mercer Marketplace, which rotates between the following IROs:

- National Medical Reviews, Inc.
- Advanced Medical Reviews (Admere)

*I authorize release of:

All claim information held by Mercer Marketplace for external review.

Claim information only for the external claim under review. Claim number:

Step 3: Participant Certification

I understand that this authorization shall remain in effect for 180 days following the date of my signature. However, I understand that this authorization may be revoked at any time by giving written notice to Mercer Marketplace. A photocopy of this authorization shall constitute a valid authorization. I understand that once my claim information has been released, Mercer Marketplace cannot retrieve them and has no control over the use of the already released copies.

*Participant Signature

*Date