



Welcome to University Health,

Employee Name: _____

EE ID Number: _____

I hereby authorize University Health the release of my salary, dates of employment, and all information requested by Benefit Source to allow University Hospital to release of my information and provide you with a quote for benefits that are NOT available in PeopleSoft.

- Individual Universal Life with Long Term Care – Trustmark
- Supplemental Disability – Guardian
- Pet Insurance – Nationwide

Employee Signature

Date

- I do not authorize the release of my information

Employee Signature

Date