

**SUPPLEMENTAL INFORMED CONSENT TO RELEASE PRIVATE DATA
FOR HARTFORD DISABILITY CLAIMS
INSTRUCTIONS FOR DDIRS**

The STD and LTD claim forms include an Informed Consent Form (Section III) which covers the following private data that is requested in the Employer's Section (Section I) of the claim form:

- Social security number
- Date of Birth
- Home Address
- Reason employee was unable to continue working (LTD claim form only)
- Whether a Workers' Compensation claim has been filed for the same condition, and whether the claim has been approved.

If Hartford requests additional private data that is not listed above, the following Supplemental Informed Consent will need to be completed before you release this information to Hartford. Employees have the right to refuse to release this information; however, they should understand that refusing to release the data might hamper Hartford's ability to process their claims.

Hartford may request some information that is public data (for example job duties or physical aspects of the job) which may be released without this consent. Other information, such as reason for use of sick leave, is considered private data and will require Supplemental Informed Consent Form.

These Informed Consent Forms are necessary in order to comply with the Minnesota Statute 13.43 (Minnesota Government Data Practices Act), Rules of Public Access to Records of the Judicial Branch, and/or Minnesota Statutes 176.138 and 176.231 (governing Workers' Compensation data). These Statutes can be accessed on the web at www.leg.state.mn.us/leg/statutes.htm. Please contact the State Employee Group Insurance Program at 651.355.0100 if you have any questions. Thank You!

**SUPPLEMENTAL INFORMED CONSENT TO RELEASE PRIVATE DATA
FOR HARTFORD DISABILITY CLAIMS***

I, _____, authorize a representative of the Human Resources Office of _____ to release private data about me that is
(applicable State agency or University of Minnesota)

identified below to Hartford Life and Accident Insurance Company (hereinafter called The Hartford).

The specific private data covered by this release is:

I understand that The Hartford and their representatives will use this information to process my short and/or long term disability claim(s).

I understand that the data listed above is classified as private data, according to Minnesota Statute 13.43 (Minnesota Government Data Practices Act), Rules of Public Access to Records of the Judicial Branch, and/or Minnesota Statutes 176.138 and 176.231 (governing Workers' Compensation data). I understand that by signing this Informed Consent Form, I am authorizing the Human Resources Office to release the data listed above to The Hartford and their representatives for the purpose of processing my claim. I understand that without my informed consent, my employer cannot release this data to The Hartford. However, I further understand that my refusal to authorize release of this data may hamper The Hartford's ability to process my claim.

A photocopy or facsimile of this consent shall be valid as the original.

This consent expires upon my employer's release of the above stated data or after one year, whichever comes first. However, if the above-described purpose is not fulfilled after one year, I may renew this consent.

I understand that I will be notified by my employer if any additional private data on me is requested by The Hartford, and I further understand that no additional private data may be released by my employer without my authorization.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Signed: _____ Dated: _____

* This form must be completed prior to releasing private data that was not included in the Employer Section of Hartford's STD/LTD claim forms.