



Covering Kids & Families
of United Health Services
6910 N. Main St., Bldg 9, Granger, IN 46530
Phone: 574-314-5430 Fax: 574-247-6060

Signed Consent for Release of Information

Authorization from Applicant

To Whom It May Concern:

I, _____, hereby authorize the release of information regarding wages, deductions, benefits including health care coverage, employment dates & termination to **United Health Services** and Indiana's Family & Social Services Administration (FSSA) for the purpose of establishing my or my family's eligibility for health care coverage.

I authorize that requests can be faxed back to United Health Services at (574) 247-6060.

Employee Statement (if needed):

Sincerely,

Signature: _____

Date: _____

Phone (if applicable): _____

