

Retiree Medical Benefits Information Release Authorization

To: **(Corporation)**
(Address)

Re:

Ronald J. Webber
44 Predicament Place
Estrangement, NJ 08837
S.S.#: 141-58-6112

This will authorize you to release to *Romanowski Law Offices* the following documents which relate to valuation of his/her retiree medical benefits:

a. All **(Corporation)** medical plans, including formal documents, insurance policies, employee booklets and any other relevant communication between ^ Corporation and either its employees or its service providers;

b. All public financial statements of **(Corporation)**, released within the past twelve months, including footnotes, and any related correspondence with regulatory or other bodies that relate to post-employment medical benefits;

c. The most recent **(Corporation)** valuation of retiree medical benefits prepared for the plan, and sufficient supporting documentation to allow an independent recalculation of the liability for post-employment medical benefits. If such information is not available, then to be provided with any actuarial, underwriting, claims, or employee census data, provided to ^ Corporation, the plan sponsors, during the preceding twelve months by any other service providers.

Ronald J. Webber

Dated: _____

Acknowledgment

STATE OF NEW JERSEY :
 ss :
COUNTY OF _____ :

I certify that on **(Date)**, **(Name of Responding Party)** personally came before me, a Notary Public of the State of New Jersey, and acknowledged under oath, to my satisfaction, that he/she is the person named in and who personally signed this Authorization.

Name of Notary Public
My Commission Expires: _____
Date: _____