GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF RISK MANAGEMENT

Jed Ross
Chief Risk Officer

Public Sector Workers' Compensation Program

FORM 5 – AUTHORIZATION TO RELEASE DISTRICT OF COLUMBIA AND FEDERAL TAX INFORMATION

Use this form to authorize the release of earnings information and District of Columbia and Federal tax information, when submitting notice of work injury and filing claims for continuation of pay or workers' compensation benefits.

READ INSTRUCTIONS HERE AND ON THE REVERSE SIDE
For Help and Information, call (202) 727-8600

IMPORTANT: Employees or the representative of an employee must complete this form and submit it to the employee's immediate supervisor within **thirty (30) days** of the injury, recurrence of disability, or death. **This form must be submitted with a completed Form 1 and Form 4 to effectuate notice under D.C. Code 1-623.19.** Failure timely to effectuate notice will result in denial of any claim for benefits, unless the requirements for a waiver are met under D.C. Code § 1-623.19(b) and 7 D.C.M.R. §§ 104.5 and 104.6. Complete shaded areas.

SECTION I. EMPLOYEE INFORMATION

Name: _____ **SSN:** _____ **Date of Birth:** _____

Date of Injury: _____ **Employee Tel.:** _____

Full Address: _____
Street address City State Zip

SECTION II. TAX AUTHORIZATION

I, (print name) _____, hereby authorize the Director of the District of Columbia Office of Risk Management (ORM) and/or his or her designee (hereinafter "the Director"), bearing this release or copy of this document, within six months of the date it is notarized, to obtain information and/or documents related to either my District of Columbia or United States federal tax records for the _____ tax year. *See* DC Official Code § 1-623.06b and 7 DCMR 3344.2.

This release is executed with full knowledge and understanding that the information is for the official use of the ORM to establish eligibility for public sector workers' compensation benefits. With the exception that this information may be used in litigation regarding my eligibility for benefits, this information may not be disseminated to third parties without my written permission. I hereby release the custodian of District of Columbia and/or federal tax records from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates as a result of compliance with this authorization and request to release information, or any attempt to comply with it.

I hereby authorize the Office of the Chief Financial Officer, Office of Tax and Revenue (OTR), and officials of the Internal Revenue Service (IRS) access to review and research my taxes for the tax year of _____ and to release the same information to the ORM.

TURN OVER FOR MORE INSTRUCTIONS
➔ ➔ ➔ ➔ ➔ ➔

Name: _____ **SSN:** _____ **Date of Birth:** _____

SECTION III. EARNINGS AUTHORIZATION

By this release, I further authorize the release of any and all documented employment history, personnel records, and any other documentation concerning me personally that will assist the representative in evaluating my claim for workers' compensation and other benefits under the Comprehensive Merit Personnel Act (CMPA), D.C. Code 1-623.01 *et seq.* I understand and hereby acknowledge that the information above or certain portions thereof, may be protected from disclosure without this signed Authorization by federal and state privacy and confidentiality laws. Section III of this authorization shall expire automatically without express revocation at such time as my claim for benefits is revoked, denied, or terminated.

SECTION IV. EMPLOYEE SIGNATURE

By my signature, I affirm that I have read and understand the foregoing provisions of this authorization.

Signature of Employee _____ **Date** _____

Return this form to **ORM/PSWCP by mail, in person, e-mail, or fax**. You may return the form in person, weekdays between 8:30 a.m. and 5:00 p.m. You will need photo identification to enter the building:

Office of Risk Management
One Judiciary Square
441 Fourth Street, NW, Suite 800 South
Washington, D.C. 20001
Phone: (202) 727-8600
E-mail: dcclaims@corvel.com
Fax: (866) 539-9712
Please visit http://www.orm.dc.gov for more information.

SUBMIT THIS FORM TO YOUR IMMEDIATE SUPERVISOR AND THE ORM PSWCP.