Fiscal Employer Agent Consent for the Release of Confidential Information

Instructions: 1. Complete, sign and date this form.
2. Return form using contact information listed at bottom.

I, (print Employer/Client name) _____,
authorize iLIFE, LLC Fiscal Employer Agent to disclose to (print name of person to which disclosure is to be made) _____
the following information:

- ☐ My Employee's pay rates, hours and payment amounts
- ☐ My budget details, including pay rates and services
- ☐ All details regarding my Employer/Client-directed services from iLIFE, LLC Fiscal Emplyer Agent

Other information as described in detail: _____

_____

_____

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- ☐ Upon my termination from receiving Employer/Client-directed services from iLIFE, LLC Fiscal Employer Agent
- ☐ Upon the termination of the relationship with the person to which the disclosure is to be made
- ☐ Upon other circumstances as described in detail: _____

_____

_____

Employer/Client Signature: _____ Date: _____