

CONSENT AND AUTHORIZATION FOR CONDUCTING INTERVIEWS BY ELECTRONIC COMMUNICATION MEDIUMS

JR-302

Rev. Abr. 25

I, on this day of , 20 , hereby consent and authorize the Retirement Board of the Government of Puerto Rico, acting through the designated official, to conduct interviews as are necessary to complete the Application for Appointment as Guardian process solely for the payment of annuities or benefits granted in the System and representing the pensioner or beneficiary before the Retirement Board.

Interviews will be directed to the proposed guardian and, if necessary, to the pensioner and/or the beneficiary, who freely and voluntarily, will issue a written authorization by signing this document and filing it directly with the office of the Retirement Board, or by sending it by mail it to the following address: PO Box 42003 San Juan, PR 00940-2203; or by email at: tutorias@retiro.pr.gov

I acknowledge and accept that interviews may be conducted by the electronic communications mediums available (telephone or video conference).

During the interview:

1. You will be informed that the objective of the interview is to ascertain social, medical, financial, or other information as are necessary to evaluate the application filed with the Retirement Board.
2. The proposed guardian and, if necessary, the pensioner and/or beneficiary, will be informed that participation is free and voluntary.
3. The privacy, security, and confidentiality of the information discussed will be ensured; provided, that it does not pose a risk to the safety of the proposed guardian, the pensioner and/or beneficiary, and/or third parties.

I authorize the Retirement Board to share any information relating to the designation of a guardian before the Retirement Board, only with the officials and/or contractors designated to process the application.

I hereby acknowledge that I have read, understood, and agree to the above statements, and I release, on behalf of myself and the ward, the Retirement Board of the Government of Puerto Rico and its officials and/or contractors, from any and all claims or causes of action that I, my heirs, assigns, executors or administrators or any person acting on my behalf or on behalf of the ward, ever have or may have, as a result of this consent and authorization.

/ /

Full Name Date

Signature Email address

235 Avenida Arterial Hostos · Edificio Capital Center · Torre Norte, Hato Rey PO Box 42003 San Juan, PR 00940-2203

Tel: (787) 777-1414 · [www.retiro.pr.gov](http://www.retiro.pr.gov/)