

**ATTACHMENT E TO ENROLLMENT FORM**

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS  
(For claims of lost wages, earnings or earning capacity.)**

Employee's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Litigation Case No. \_\_\_\_\_

I hereby authorize

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to release all existing records and information in its possession regarding the above-named person's employment, income and education to \_\_\_\_\_ [Merck & Co., Inc., the Claims Administrator, the Special Master (and any Deputy Special Master) for the Program, the Chief Administrator for the Program, members of the Gate Committee for the Program, all other persons provided for under the terms of the Agreement to consider claims] ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending Vioxx litigation or claim involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's Vioxx litigation or claim concludes.

I understand that this authorization includes the above-named person's complete employment personnel file (including attendance reports, performance reports, W-4 forms, W-2 forms, medical reports, workers' compensation claims), and also includes all other records relating to employment, past and present, all records related to claims for disability, and all educational records (including those relating to courses taken, degrees obtained, and attendance records). This listing is not meant to be exclusive.

Any photostatic copy of this document shall have the same authority as the original, and may be substituted in its place. Copies of these materials are to be provided at the expense of [Claims Administrator] or Merck & Co., Inc..

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature: \_\_\_\_\_  
[*PATIENT OR REPRESENTATIVE*]

Print Name: \_\_\_\_\_

**If you are signing this authorization as a representative on behalf of the employee identified at the top of this form, please describe your relationship to the employee and your authority to act on his/her beh**

**You must attach proper documentation (e.g., power of attorney, letters of administration) authorizing you to act in this representative capacity.**