



NASSAU RE

Nassau Life and Annuity Company (the Company)
Nassau Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)
Nassau Life and Annuity Insurance Company (the Company)

**Authorization to Release
Medical Information**

With written authorization, the Company is pleased to send you a copy of the results of laboratory tests that were performed in conjunction with your application for life insurance. We can accept a faxed authorization. Results will be sent by first class mail. **Please do not ask us to fax your results**, as this increases the risk that personal and confidential information could be misdirected. We will mail results directly to you or to your physician as you prefer (unless restricted by law). We will process your request as quickly as we can, but we ask that you allow 2-3 weeks to receive your information.

Please mail or fax your request to:

Medical Director
Nassau Re Mail Operations
PO Box 22012
Albany, NY 12201-2012
Fax: 321-207-9105

Name: _____

Date of Birth: _____ Last 4 digits of Social Security Number: _____

Policy Number (if available): _____

I authorize release of medical information obtained in conjunction with my recent application for life insurance with the Company. I understand that results of HIV antibody testing and urine drug testing may be included. I would like the following information released:

- Blood and urine test results
- Other (please specify): _____

Please send information to:

Name: _____

Address: _____

Your Signature: _____ **Date:** _____

This authorization must be signed by the individual whose information is to be released. It may not be signed by a spouse or any other representative acting on his or her behalf.