



NASSAU RE

Nassau Life and Annuity Company (the Company)  
Nassau Life Insurance Company (the Company)  
PHL Variable 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 219361  
Kansas City, MO 64121-9361  
Fax: 816-527-0053

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.*