

**Authorization to Release Information
Third Party**

I, _____, hereby authorize Life Insurance Company of North America or any of its affiliated companies to furnish MARYLAND-NATIONAL CAPITAL PARK & PLANNING COMMISSION or any Agent/Broker working on its behalf, any and all information with respect to my insurance claim under policy numbers LK0352716 and SGD 0600038. A photostatic copy of this authorization shall be considered as effective and valid as the original. I understand that I, or my authorized representative, will receive a copy of this authorization upon request.

I understand that this information will be used for the purpose of Long Term Disability

I understand that this authorization is valid up to one year from the date of signature and that I may be asked to complete an additional authorization form after that date. I or my authorized representative may revoke this authorization at any time as it applies to future disclosures by writing the Company.

Date: _____ Signature: _____

If claimant is under 18 years of age or incapacitated, the parent or guardian must sign. If claimant is deceased, the personal representative or executor of the estate must sign.