



Pacific Life & Annuity Company
 Workforce Benefits - Claims
 PO Box 2387
 Omaha NE 68103-2387
 PH (855) 810-3301 Fax (949) 219-8872
claims.workforcebenefits@pacificlife.com

Authorization for Release of Claim Information

I authorize Pacific Life & Annuity Company to release information regarding the following individual:

Claimant/Employee Name
 (First) (Middle) (Last) (Suffix)

Date of Birth: Social Security Number:

I authorize release of medical, claim, benefit, and financial information relating to insurance benefits for the above identified individual, unless otherwise specified:

.....

Information is to be released to the following named party for the purpose of assisting with the insurance claim of the above identified individual:

Name of Company or Individual:

Address: City: St: ZIP:

Telephone: Email:

This authorization will remain valid during the claim(s) duration, but not for more than one year from date signed.

I can revoke this authorization at any time by providing written notice to Pacific Life & Annuity Company by email, mail, or fax. I understand that to the extent that information has been previously released, such revocation may not be effective.

- Email:** claims.workforcebenefits@pacificlife.com
- Mail:** Pacific Life & Annuity Company, Attn: Workforce Benefits - Claims, PO Box 2387, Omaha, NE 68103-2387
- Fax:** (949) 219-8872

Signature Date

Print Name
 First, MI, Last (include Title/Capacity and documentation, if applicable)