



AUTHORIZATION FOR RELEASE OF INFORMATION

1. I (the undersigned) authorize The Lincoln National Life Insurance Company ("Company") to release information regarding:

Claimant/Patient/Employee Name: _____
 (Last) (First) (Middle)

Date of Birth: _____ Certificate Number/Social Security Number: _____

2. Information to be released: _____

3. Information to be released to: _____
 (Name of individual or company authorized to receive information)

Telephone _____ - _____ - _____ Best Day to call _____
 Include Area Code and Phone number Best time to call _____ am/pm

Address _____
 (Street/PO Box) (City) (State) (Zip)

4. I understand the information obtained by use of this Authorization will be used by _____
 for the purpose of _____
 It will be subject to the following limitations (if applicable): _____

5. I understand the information used or disclosed may be subject to redisclosure by the recipient and may no longer be protected by state or federal law. For Colorado claims, the disclosed information may not be redisclosed or reused by the recipient under Colorado law.

6. I understand that I may revoke this Authorization in writing at anytime. To initiate revocation of this Authorization, direct all correspondence to the Company at the above address. If written revocation is not received, this Authorization will be considered valid for a period of time not to exceed 24 months from the date of my signature below.

7. A photocopy of this Authorization is to be considered as valid as the original.

8. I understand I am entitled to receive a copy of this Authorization.

SIGNATURE: _____ **DATE:** _____

Claimant/legal representative (Nearest relative, legal guardian, or appointed representative to sign only if claimant/patient is a minor, legally incompetent, or deceased) Power of attorney or guardianship must be attached.

PRINT NAME: _____

Relationship to Claimant/Patient of personal/legal representative signing for Claimant/Patient: _____

ADDRESS: _____
 (Street/PO Box) (City) (State) (Zip Code)

TELEPHONE: _____ - _____ - _____
 Include Area Code and Phone number