New York Life Group Benefit Solutions

Healthy Working Life®

Authorization to Release Information

PLEASE COMPLETE AND RETURN VIA FAX OR EMAIL TO:
Fax: 860.731.3049 | Email: PreDisability@NewYorkLife.com

I have requested to participate in New York Life Group Benefit Solutions (NYL GBS) Healthy Working Life® Program made available to me under my employer's disability plan. In order for services under this Program to be provided, I must provide NYL GBS with information concerning my health condition, abilities and limitations, and my employer will need to provide NYL GBS with information concerning the duties of my job and how it is performed.

I authorize NYL GBS to share this information with its affiliated companies and services vendor(s) as necessary to support my participation in the program. I also authorize NYL GBS to share this information with providers of health and wellness resources (such as disease management and lifestyle management programs) available through my employer, and authorize those providers to contact me.

I authorize NYL GBS to release the following information about my functional ability to my employer as necessary to help me return-to- or stay-at-work:

- Any restrictions (things I should not do) or
- Any limitations (things I cannot do)

I understand that participation in NYL GBS's Healthy Working Life Vocational Coaching services is completely voluntary and that NYL GBS makes no guarantee as to results, and assumes no liability, with respect to those services.

I am entitled to a copy of this authorization and a copy of it shall be valid as the original. I understand that I may revoke this authorization at any time, except to the extent that action has been taken in reliance upon it, by writing to NYL GBS at the email address at the top of this form. This authorization will expire one year from the date of this signature.

By signing below, I acknowledge that your participation in the program is completely voluntary and that any information provided to the NYL GBS companies as part of in NYL GBS's Healthy Working Life Vocational Coaching services will be used solely for purposes of that program as set forth above.

I have read and understand the above information:

Signature	Date
Name (Printed)	Date of Birth
Company	Phone
Best days and time for contact:	

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