




New York Life Insurance Company
 Individual Disability Income Insurance
 One Park Place, Suite 250
 300 South State Street
 Syracuse, NY 13202-2041

My IDI Provider Specific Authorization to Release Medical Records – Individual Disability Insurance

Please complete the following information:

New York Life Policy number				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant/Insured's name				Date of birth						
FIRST			M.I.	LAST				MM/DD/YYYY		

By signing below, I hereby authorize New York Life Insurance Company or their authorized representative to release to the medical or health care provider listed below the medical information received in support of my recent application for individual disability income insurance.

Medical/Health Care Provider									
Provider's Address, City and State									
STREET		CITY	STATE	ZIP					
Provider's Telephone Number		<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
 Applicant/Insured's Signature									

Send us your completed form.

By mail: **New York Life, Individual Disability Income Insurance**
One Park Place, Suite 250, 300 South State Street
Syracuse, NY 13202-2041

By fax: **(833) 963-3463**

By email: **IDINew@IDI.newyorklife.com**

Questions? Call us at **(844)-420-1391**