REF1469-4251897 [redacted]

MATRIX
ABSENCE MANAGEMENT
A MEMBER OF THE TOKIO MARINE GROUP

AUTHORIZATION FOR RELEASE OF INFORMATION

STEP 1: COMPLETE ALL INFORMATION REQUESTED BELOW

Employee's First Name: Samuel	Employee's Last Name: Thomas	Claim Number:
Employee's Street Address: 70 W Clear Lake Lane		
Employee's City, State, Zip Code: Westfield, IN 46074		
Employee's Phone Number:	Employee's Date of Birth: 12-13-1972	Last 4 Digits of SSN: XXX-XX- 5584
Employer Name: THE CAPITAL GROUP COMPANIES	Last Day Worked: 5/19/2020	First Day Away from Work: 5/20/2020

STEP 2: PLEASE READ THE FOLLOWING AUTHORIZATION FOR RELEASE OF INFORMATION

- **Authorization.** I authorize any physician, or other medical/treating practitioner, hospital, clinic, medical facility or service, pharmacy, pharmacy benefits manager, insurer, claims administrator, employer, group policy holder, or benefit plan administrator to disclose to Matrix Absence Management ("Matrix"), my employer in its capacity as administrator of its benefit plan(s), an insurer of any claim I assert, and any other authorized representative(s), and/or attorney representatives, any and all information about my health records, medical care treatment, employment, or my short-term disability, long-term disability, worker's compensation, leave of absence, accommodation, or other absence management program claim(s). In addition, I authorize Matrix to disclose to my employer, its affiliates, or other authorized representatives stated above, any and all information about my health records, medical care treatment, employment, and absence management claim(s) information.
- ***This authorization to obtain and disclose information about me, includes my permission to obtain and disclose the following:*** All of my medical and health information and records concerning my medical condition(s), disability, diagnosis, physical/mental health treatment, alcohol and substance abuse treatment, HIV related treatment, prescriptions, medical advice, facts, reports, diagnostic tests, x-rays, statements of charges, diagnoses, treatments rendered or recommended, prognoses, medications (prescription and over-the-counter), opinions of disability, charts, notes, correspondence, photographs, videos, digital images, films, and any