Nassau Life and Annuity Company
Nassau Life Insurance Company
PHL Variable Insurance Company
PO Box 22012, Albany, NY 12201-2012
ATTN Individual Benefits

Major Medical Worksheet

Date	Policyholder	Claim Number	Policy Number

Date of 1st Covered Charge	Agency	Name of Dependent

Expenses

Amount For Major Medical

1. Hospital Room and Board — $ _____
   $ _____
2. Intensive Care — $ _____
3. Hospital Miscellaneous Service — $ _____
4. Anesthesia — $ _____
5. Surgery — $ _____
6. Physicians' Fees — $ _____
   $ _____
   $ _____
7. X-ray, Lab Fees (not on hospital bill) — $ _____
8. Registered Nurses' Fees — $ _____
9. Drugs, Medicines and Prescriptions (not on hospital bill) — $ _____
10. Ambulance — $ _____
11. Other Charges — $ _____
    $ _____

TOTAL (a) $ _____

Charges Not Covered	Amount	Reason: Duplicate	Reason: Not Covered Under Contract
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Deductibles and Charges NOT Covered

12. Cash Deductibles $ _____
13. Daily Charges for Room and Board over $70. a day $ _____
14. Other $ _____

TOTAL DEDUCTIBLES (b) $ _____

NET CHARGES (a-b) $ _____

Remarks

MAJOR MEDICAL BENEFIT @ 80%

AMOUNT TO BE PAID $ _____

MAXIMUM BENEFIT $ _____

THIS PAYMENT $ _____

PREVIOUS PAYMENTS $ _____

BALANCE $ _____

Payee