

Request for Paramedical Lab Results

Regarding Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I hereby request that a copy of my paramedical exam lab results be mailed to me as soon as possible to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should you have any questions related to this request please contact me at

\_\_\_\_\_.

Thank you in advance for your prompt attention and cooperation in this matter.

Insured \_\_\_\_\_ Date \_\_\_\_\_