



REQUEST FOR UNDERWRITING RESULTS*

Client Name: _____

Carrier Name: _____

Policy Number: _____

To Whom It May Concern:

_____ My recent application to your company for life insurance required a physical examination. I would like to have my lab results sent to me at the following address:

_____ My case was rated or declined and I would like full details regarding why this adverse decision was made.

Please forward this information as soon as possible.

Client Signature

Date

*Not available for guaranteed issue, modified or graded death benefit products or on most simplified issue cases