

Request for Laboratory Test Results

To: Guardian Life
Attn: New Business Dept.

Date: _____

Insured Name: _____

Social Security #: _____

Date of Birth: _____

Policy #: _____

I am requesting a copy of my laboratory test results performed in conjunction with my application for life insurance with Guardian Life Insurance Company.

Please mail the results directly to me at the following address:

Address: _____

Address: _____

City: _____

State: _____ Zip: _____

I prefer that you mail the results to my physician instead:

Name: _____

Address: _____

Address: _____

City: _____

State: _____ Zip: _____

X _____

Insured Signature (Required)