

# Request for Medical/Underwriting Records

To: John Hancock Life Insurance Company  
John Hancock Life Insurance Company of NY

I, \_\_\_\_\_, hereby request and authorize John Hancock to release the following complete underwriting requirements on my behalf to the General Agency listed below.

- Paramedical and/or Medical Exam
- Lab Ticket
- EKG
- APS: \_\_\_\_\_
- APS: \_\_\_\_\_
- APS: \_\_\_\_\_
- APS: \_\_\_\_\_
- APS: \_\_\_\_\_
- APS: \_\_\_\_\_

**These records are to be released to:**

Crump Life Insurance Services, Inc.  
4135 N. Front St  
Harrisburg, PA 17110

Please send these records directly to:

Case Manager \_\_\_\_\_

Case Manager email \_\_\_\_\_

Client signature \_\_\_\_\_ Date \_\_\_\_\_

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