

SWBC Claim Number: (Please Print)



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Borrower's Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Email Address: _____

PART 3 | DOCTOR'S STATEMENT—TERMINAL ILLNESS

1. Primary terminal illness: _____

Date of initial onset of illness: _____ Date illness declared terminal: _____

I hereby attest that the above information is true and accurate to the best of my knowledge and that my patient has a terminal illness with life expectancy of less than twelve (12) months.

2. Doctor's Name: (please print) _____ Phone: _____

Address: (street, city, state, zip) _____

Doctor's Signature (Required)

Date (Required)

NPI Number