



**Date Sent** \_\_\_\_\_

**Dear** \_\_\_\_\_  
(Claims representative's name)

Here are my pay stubs for \_\_\_\_\_ / \_\_\_\_\_ (month/year)

from \_\_\_\_\_ (place of employment)

Please make a copy and return them to me. Thank you.

Sincerely:

Name \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_