

# Proof of Waiting Period Waiver

Date:

To Whom It May Concern,

This document serves as official proof that the waiting period requirement has been waived for the individual listed below:

|                 |                      |
|-----------------|----------------------|
| Full Name:      | <input type="text"/> |
| Date of Birth:  | <input type="text"/> |
| ID/Case Number: | <input type="text"/> |

The waiting period has been officially waived as of , in accordance with applicable policies and regulations.

Authorized Signature:

Title:

Date:

If you have any questions, please contact our office for further assistance.