

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.