

PLEASE COMPLETE AND RETURN THIS FORM TO ME

Interview Confirmation

Claim Number:
Beneficiary:

1. I/We will be available for your visit as scheduled.

YES

NO

If NO, please phone me as soon as possible to set a better time.

2. My telephone number is: (_____)_____.

3. My address is: _____

4. Signature: _____

Date: _____

PLEASE USE THE BACK OF THE FORM TO GIVE DIRECTIONS TO YOUR HOME.