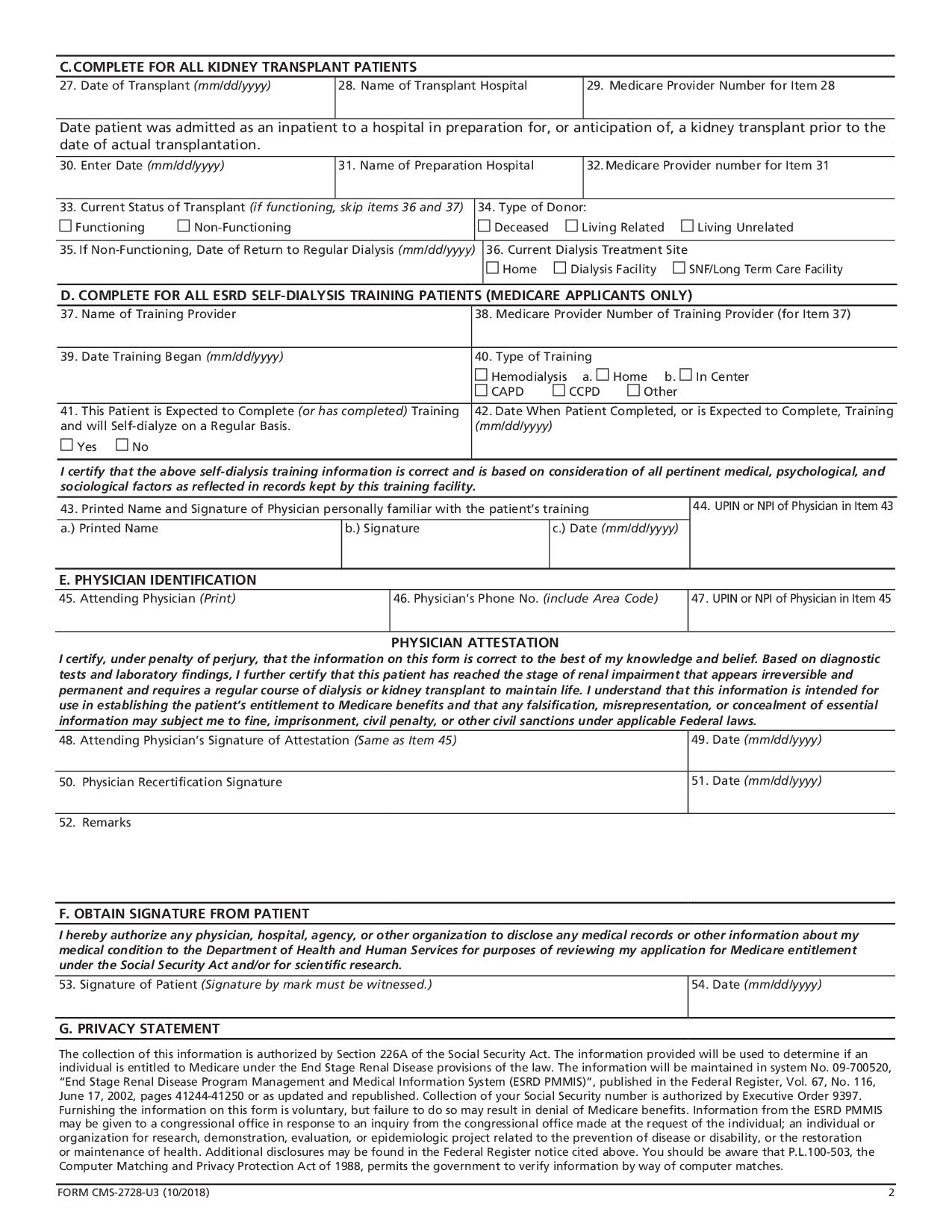


This form is provided as an example. This specific form does not have to be completed/submitted in connection with your claim. Allstate Benefits/Allstate Life Insurance Company of New York will accept the form provided by your provider.

**SAMPLE**

**END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT**



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**SAMPLE**

**END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT**