

**DisabilityOver50™ Initial Dispute Notice**

First Name:\* \_\_\_\_\_

Last Name:\* \_\_\_\_\_

Street Address:\* \_\_\_\_\_

City:\* \_\_\_\_\_

State:\* \_\_\_\_\_

Zip Code:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Telephone Number:\* \_\_\_\_\_

Description of Dispute:\* \_\_\_\_\_

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Desired Outcome: \_\_\_\_\_

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Mail or Email Notice to: DisabilityOver50  
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Plano, TX 75093  
[disabilityover50@leadingresponse.com](mailto:disabilityover50@leadingresponse.com)

(\*Required fields)