

CONFIDENTIAL COMMUNICATION REQUEST FORM

lame:	SS #:		
Address:	DOB:		
You or your Personal Representat communications) at an alternative notified of GIC's decision in writin	location or by alternativ		
 You or your Personal Repres location or the means of con 			
 You must state that you could confidential communications 		having	
 If granted, this request may unreasonable. Written notice individuals and their Person be effective after such notice 	e of the revocation will b al Representatives by G	e provided to	
De ellective after Such Hotice			
If you wish to request simila coordinator, you must contain asking GIC to communicate location or manner of communicate communicates.	act them directly to make e with me using the follo	e your request. owing manner (specify	
 If you wish to request simila coordinator, you must conta I am asking GIC to communicate 	act them directly to make e with me using the follo	e your request. owing manner (specify	
 If you wish to request simila coordinator, you must conta I am asking GIC to communicate 	act them directly to make e with me using the following th	e your request. owing manner (specify	
 If you wish to request simila coordinator, you must conta I am asking GIC to communicate location or manner of communicate 	e with me using the follogication):	e your request.	
If you wish to request simila coordinator, you must contain a sking GIC to communicate location or manner of communicate location or manner or man	epresentative	e your request. Dowing manner (specify Date	
If you wish to request similar coordinator, you must contain a sking GIC to communicate location or manner of individual/ personal results and the location of t	e with me using the follogication): epresentative al representative ning this form to the enrolle of already on file with the Cl authority to sign this form type of authority and attack	eyour request. Date Date ed to make medical decisions GIC.) n (e.g., court appointed, ch proof, if necessary or if not	
■ If you wish to request similar coordinator, you must contain a sking GIC to communicate location or manner of communicate location or manner of communicate location or manner of communicate relationship of personal locate relationship of person signing is individual locate relationship is individual locate relationship of personal for the individual (Attach proof, if note that individual (Attach proof, if note that individual parent). Please indicate	epresentative I Representative authorize ot already on file with the Clauthority to sign this form type of authority and attact	eyour request. Date Date ed to make medical decisions GIC.) n (e.g., court appointed, ch proof, if necessary or if not	

4/2024