

## **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		
<ul> <li>You or your Personal Repres location or the means of con</li> </ul>			
<ul> <li>You must state that you could confidential communications</li> </ul>		having	
<ul> <li>If granted, this request may unreasonable. Written notice individuals and their Person be effective after such notice</li> </ul>	e of the revocation will b al Representatives by G	e provided to	
De ellective alter 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	
<ul> <li>If you wish to request simila coordinator, you must conta</li> <li>I am asking GIC to communicate</li> </ul>	act them directly to make e with me using the follo	e your request.  owing manner (specify	
<ul> <li>If you wish to request simila coordinator, you must conta</li> <li>I am asking GIC to communicate</li> </ul>	act them directly to make e with me using the following th	e your request.  owing manner (specify	
<ul> <li>If you wish to request simila coordinator, you must conta</li> <li>I am asking GIC to communicate location or manner of communicate</li> </ul>	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 locate locate). 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