



**Commonwealth of Massachusetts  
Group Insurance Commission**

**THIRD PARTY ADDRESS REQUEST**

Common requests of this nature are for a divorce/separated spouse or a dependent under age 19 who does not reside with the insured.

Name of Insured Employee/Retiree:

\_\_\_\_\_

Insured Employee/Retiree GIC ID #:  
(usually Social Security #)

\_\_\_\_\_

Name of person requesting Third Party Address:

\_\_\_\_\_

Relationship to Insured Employee/Retiree:

\_\_\_\_\_

Reason for Request:

\_\_\_\_\_

\_\_\_\_\_

Please forward all information relative to my GIC benefits to the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are making this request on behalf of a dependent under age 19, please indicate the name of the dependent(s) here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize my GIC health plan to send all Explanation of Benefits and any payments to the address indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**Form Submission**

MAIL: Return completed form to the GIC.  
Group Insurance Commission  
PO Box 556, Randolph, MA 02368.