

Confidential Communication Request

Complete this form to designate an alternate address and/or phone number for receiving confidential medical information from the claims administrator. Please complete a form for each person requesting an alternate address.

For questions about this form, please contact Relation Insurance Services at (877) 246-6997.

1. ENTER INSURED STUDENT'S INFORMATION:

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	MI
SCHOOL NAME	POLICY NUMBER	STUDENT'S SCHOOL ID NUMBER (IF KNOWN)

2. ENTER REQUESTOR'S CURRENT INFORMATION:

LAST NAME (if different from above).	FIRST NAME (if different from above)	MI
MAILING ADDRESS—NUMBER AND STREET NAME (OR PO BOX #)		APT/UNIT #
CITY	STATE	ZIP
PHONE NUMBER	DATE OF BIRTH (MM/DD/YY)	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
EMAIL ADDRESS		

3. ENTER NEW DESIGNATED ALTERNATE CONTACT INFORMATION:

MAILING ADDRESS—NUMBER AND STREET NAME (OR PO BOX #)		APT/UNIT #
CITY	STATE	ZIP
PHONE NUMBER	EMAIL ADDRESS	

4. CHANGE TO ALTERNATE CONTACT INFORMATION FOR THE FOLLOWING DEPENDENTS:

LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	GENDER
CHILD				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

Note: Alternate contact for dependent children under age 18 can only be authorized by a parent or legal guardian.

5. REQUESTOR SIGNATURE:

SIGNATURE _____ DATE _____

6. RETURN THIS FORM TO: RELATION INSURANCE SERVICES, PO BOX 25936, OVERLAND PARK, KANSAS 66225

PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR THIS CHANGE TO GO INTO EFFECT.