



2018-2019

# 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 P.O. 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 P.O. 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  
P.O. Box 25936  
Overland Park, KS 66225

*Please allow up to 10 business days for this change to go into effect.*