



Group Insurance Commission
 P.O. Box 556
 Randolph, MA 02368
www.mass.gov/orgs/group-insurance-commission
 (617) 727-2310
 TDD/TTY 711

THIRD PARTY ADDRESS REQUEST

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

Mail completed form to: GIC, Public Information Unit, PO Box 556, Randolph, MA 02368