

**Please check the box of the statement that applies to your case and return to the CICIP in the enclosed envelope. Select only one option below.**

I will not submit any more documentation. Please review my file for medical eligibility based on what has already been submitted, and do not wait the 60 days outlined in CICIP's letter. The CICIP will determine medical eligibility after receipt of this form and inform the requester of the result and next steps.

My medical providers will update my CICIP file by sending additional medical records to CICIP. I will contact them and ask them to send any recent records that have not yet been sent and/or any records listed as missing in CICIP's letter that came with this form. I understand that the CICIP will provide 60 days from the date of the letter for the submission of these records. The CICIP will determine medical eligibility after this 60 day period and inform the requester of the result and next steps.

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Name of Requester (Please print)

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CICIP Case Number

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Signature