**Gender Marker Update Request**

I am writing to advise you that I would like to update the gender marker, name and pronouns listed on my personal record.

The current gender marker listed for me is M / F.

However, my gender is male / female / non-binary. I enclose the requisite supporting documents.

The name currently listed is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I use the name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My pronouns are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I would appreciate you including a note on my file about my correct name and pronouns. I request that I am not known by the name listed previously.

Please treat this information as private and confidential.

(Optional) I understand that you are only able to update my gender marker to a binary option, please use male / female and record my non-binary gender in the notes of my personal record.

(Optional) I would also ask that you do not use a courtesy title for me.

Thank you,

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare/account/membership/customer number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_