

## OUT OF AREA DEPENDENT NOTIFICATION

This dependent notification form for out-of-area dependents is required when:

- ✓ A dependent is enrolled in college outside the Network area
- ✓ Children live outside the Network area with another parent

**THIS FORM MUST BE COMPLETED AND ATTACHED TO AN ENROLLMENT  
APPLICATION TO ASSURE ACCURATE CLAIMS PAYMENT.**

Group No. \_\_\_\_\_ Group Name. \_\_\_\_\_ Member No. \_\_\_\_\_

Eff. Date of Coverage: / / Product:  HMO  POS  PPO  Other: \_\_\_\_\_

New  Open Enrollment  Add Dependent  Cancel Dependent

YOUR NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

*Last Name*                      *First*                      *MI*

Enter the name (s) and address(es) of you eligible dependents out-of-area:

Dependent 1	Name _____	SSN _____	DOB _____
	Address _____	City, State, Zip _____	Phone _____
	Primary Care Physician _____		
Dependent 2	Name _____	SSN _____	DOB _____
	Address _____	City, State, Zip _____	Phone _____
	Primary Care Physician _____		
Dependent 3	Name _____	SSN _____	DOB _____
	Address _____	City, State, Zip _____	Phone _____
	Primary Care Physician _____		