

## Extended Coverage for Dependents and Retiree Residing Out-of-Area

Do you have an eligible dependent or are you a retiree living outside of the Network Health service area? We are committed to helping everyone get the coverage they need when they need it. If you have a dependent who is living outside of our service area or are a retiree living outside of our service area (see back side for assistance) they will have access to First Health provider panel. Please notify Network Health by completing and signing this form and **returning to your Human Resources/Benefits Administrator.**

Primary Member name: \_\_\_\_\_

Dependent/retiree name: \_\_\_\_\_

Dependent/retiree member number (if known): \_\_\_\_\_

City and State where dependent/retiree lives: \_\_\_\_\_

Dates residing out of area (Mo/Yr): \_\_\_\_\_

Dependent/retiree name: \_\_\_\_\_

Dependent/retiree member number (if known): \_\_\_\_\_

City and State where dependent/retiree lives: \_\_\_\_\_

Dates residing out of area (Mo/Yr): \_\_\_\_\_

Dependent/retiree name: \_\_\_\_\_

Dependent/retiree member number (if known): \_\_\_\_\_

City and State where dependent/retiree lives: \_\_\_\_\_

Dates residing out of area (Mo/Yr): \_\_\_\_\_

This form must be completed within 30 days from the date the dependent or retiree moved outside our service area and during the annual open enrollment period for all members. No retroactive enrollments.

School Administrator: Please submit completed form to:

Network Health

Attn: Enrollment Services Department

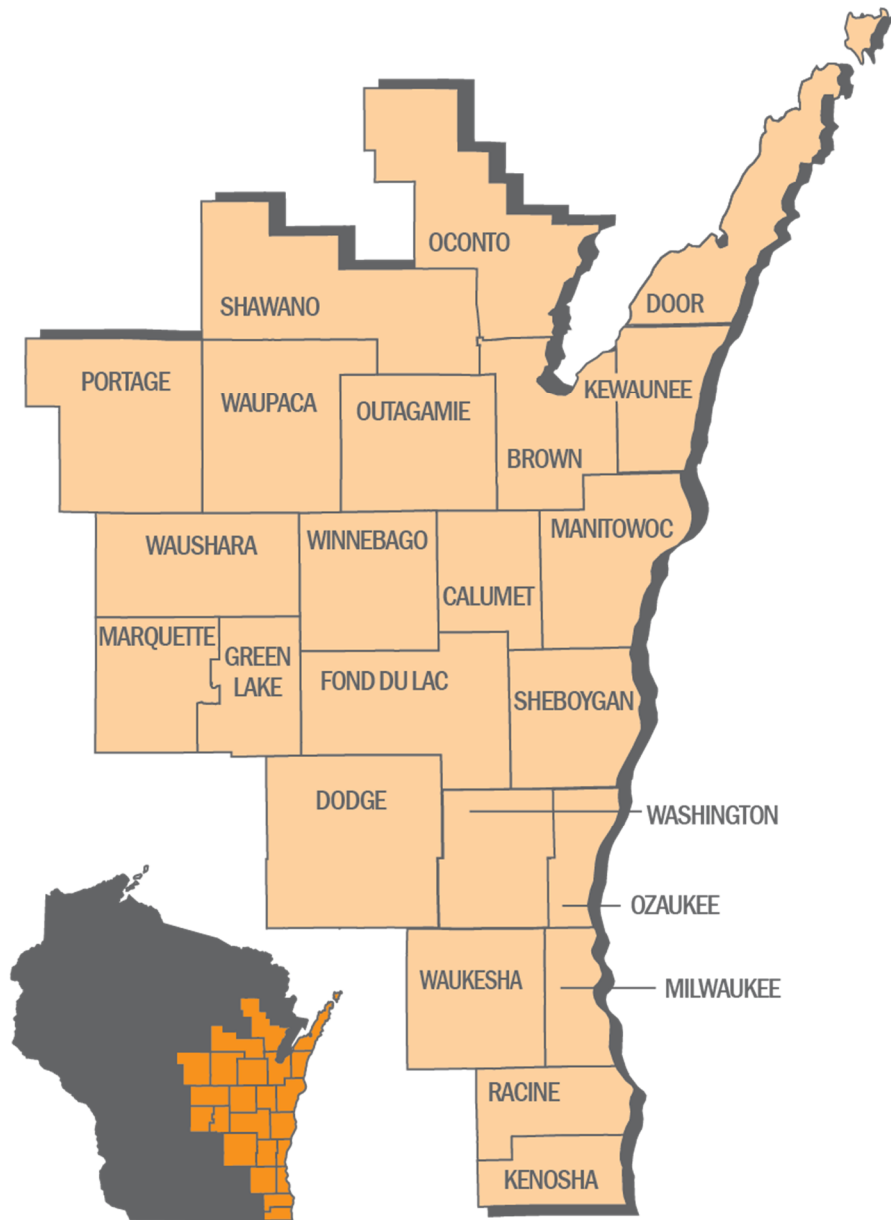
1570 Midway Place

Menasha, WI 54952

OR Fax form to 920-720-1904

FM-020-01-05/17

## Service Area



I understand that by using First Health provider's members are responsible for obtaining necessary authorizations. Authorizations can be found under Employee Resources at <https://networkhealth.com/employers/>

Failure to do so may result in member liability for uncovered charges.

Signature: \_\_\_\_\_