

# Extended Coverage for Dependents Residing Out-of-Area



Network Health is committed to helping everyone get the coverage they need when they need it. If your dependent(s) lives outside our service area (see back side for reference map) he or she can access the First Health provider panel. Eligible providers can be found at [myfirsthealth.com](http://myfirsthealth.com) Please complete this form and submit to your Human Resources/Benefits Administrator and he or she will notify Network Health.

Employer name \_\_\_\_\_

Employee name \_\_\_\_\_

Dependent name \_\_\_\_\_

Dependent Network Health member number (if known) \_\_\_\_\_

City and State where dependent lives \_\_\_\_\_

Dates residing out-of-area (month/year – month/year) \_\_\_\_\_

Dependent name \_\_\_\_\_

Dependent Network Health member number (if known) \_\_\_\_\_

City and State where dependent lives \_\_\_\_\_

Dates residing out-of-area (month/year – month/year) \_\_\_\_\_

Dependent name \_\_\_\_\_

Dependent Network Health member number (if known) \_\_\_\_\_

City and State where dependent lives \_\_\_\_\_

Dates residing out-of-area (month/year – month/year) \_\_\_\_\_

This form must be completed within 30 days of the date the dependent moves outside the Network Health service area and during the annual open enrollment period for all members. No retroactive adjustments to enrollments will be allowed.

Benefits Administrator: Please submit the completed form to:

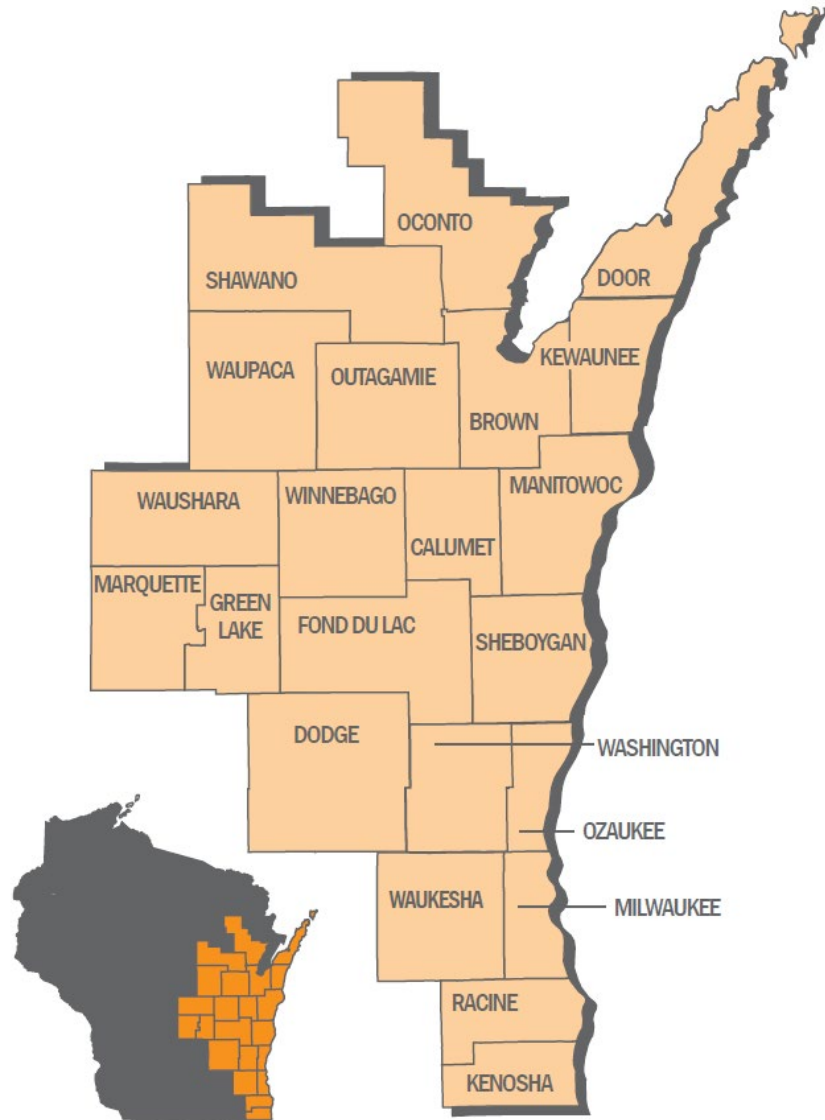
Network Health

Attn: Enrollment Services Department

1570 Midway Place

Menasha, WI 54952 OR Fax form to 920-720-1904

## Service Area



I understand that by using First Health providers, I, the member, am responsible for obtaining necessary authorizations. Conditions and procedures requiring pre-authorization can be found by logging into the member portal at [login.networkhealth.com](http://login.networkhealth.com).

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

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

**Note:** By typing your name above, you understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.