



## Out-of-Area Residence Dependent(s) Registration Form

In-network benefits are available to dependents who are currently enrolled with Avera Health Plans and who reside outside of the Avera Health Plans network coverage area for more than 90 consecutive days.

### ELIGIBILITY REQUIREMENTS:

- ✓ Your dependent must be eligible and enrolled with Avera Health Plans.
- ✓ Your dependent must reside outside the Avera Health Plans network coverage area for more than 90 consecutive days.
- ✓ You must complete and submit this form to Avera Health Plans.

**In-network coverage will be effective on the date we receive this completed form.**

### SUBSCRIBER INFORMATION:

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Please complete for each dependent that requires out-of-area coverage:**

1. Dependent Name: \_\_\_\_\_

Out-of-Area Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Reason for Out-of-Area Address:

- Resides with Other Parent
- Attends School, List Name of School: \_\_\_\_\_
- Resides Out-of-Area

2. Dependent Name: \_\_\_\_\_

Out-of-Area Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Reason for Out-of-Area Address:

- Resides with Other Parent
- Attends School, List Name of School: \_\_\_\_\_
- Resides Out-of-Area

3. Dependent Name: \_\_\_\_\_

Out-of-Area Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Reason for Out-of-Area Address:

- Resides with Other Parent
- Attends School, List Name of School: \_\_\_\_\_
- Resides Out-of-Area

NOTE: If at any time your dependent returns to the Avera Health Plans network coverage area, please contact us as soon as possible so we can update your records accordingly.

**Subscriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail to Avera Health Plans, Attn: Enrollment, 5300 S Broadband Ln, Sioux Falls, SD 57108-2221 or fax to 605-322-4689. You may send it electronically by email to [ahpenrollment@avera.org](mailto:ahpenrollment@avera.org). Our Customer Care Team is available Monday through Friday at 605-322-4245 or toll-free at 888-322-2115