

ElevateHealth Out-of-Area Dependent Coverage Verification Form

Your Health Plans, Inc. (HPI) medical benefits plan includes limited coverage for eligible dependent children under the age of 26 who live outside of New Hampshire and Vermont (the enrollment area).

To verify that your plan dependent(s) are living out-of-area — and to enable them to receive in-network coverage — you must complete and submit this form during your Open Enrollment period (or within 30 days of your eligible dependent(s) moving outside of the enrollment area. **You must re-verify the status of each out-of-area dependent annually thereafter.** Please refer to your Plan Document for full details and limitations.

Please submit your verification forms to HPI:

By Mail:	By Fax:	By Email:
Health Plans, Inc. P.O. Box 5199 Westborough, MA 01581	508-795-1933	EnrollmentMailbox@HealthPlansInc.com

EMPLOYEE INFORMATION

Name: _____ Member ID#: _____

DEPENDENT(S) INFORMATION

Please note that your dependent will receive a new member ID card at the address provided below to use when out of area.

Name:		
Address:		
City:	ST:	ZIP Code:
This is a: <input type="checkbox"/> Permanent Address		
<input type="checkbox"/> Temporary Address: From: _____ To: _____		
Name:		
Address:		
City:	ST:	ZIP Code:
This is a: <input type="checkbox"/> Permanent Address		
<input type="checkbox"/> Temporary Address: From: _____ To: _____		
Name:		
Address:		
City:	ST:	ZIP Code:
This is a: <input type="checkbox"/> Permanent Address		
<input type="checkbox"/> Temporary Address: From: _____ To: _____		

EMPLOYEE SIGNATURE

Signature: _____ Date Signed: _____

*For more information about your plan, call HPI's Member Services team at the phone number on the back of your member ID card, card, weekdays from 8:00AM to 6:00PM (ET), or contact us online at the website on the back of your card; just click on **Contact**.*