



OUT-OF-AREA DEPENDENT CHILD NOTIFICATION
For use with the Out-of-Area Dependent Program

This form is required for dependent children living outside of the Sentara Health Plans service area (outside of the Commonwealth of Virginia) in order for them to utilize the PHCS/MultiPlan national network. Except for emergencies, out-of-area dependents must see a participating PHCS provider for their claim to be covered. If you have any questions, please call member services at the number listed on your member ID card. This form should be completed and returned by your Plan's effective date, regardless of when the original request was submitted.

TO ENSURE ACCURATE CLAIMS PAYMENT, THIS FORM MUST BE COMPLETED **ANNUALLY**.

Via mail: SENTARA HEALTH PLANS ATTN: ENROLLMENT DEPT. PO BOX 66189 VIRGINIA BEACH, VA 23466	or via fax: 757-963-0205	or via email: Commonwealth_VA@sentara.com
---	---------------------------------	---

Group Number: _____ Group Name: _____
 Effective Date of Coverage: _____ Product: Vantage
 Primary Subscriber's Name: _____ Your Date of Birth: _____ Your COVA Employee ID number: _____
 _____ / ____ / ____
 Last First MI

Enter the name(s) and address(es) of where your eligible dependents will be living while out-of-area:

Dependent 1
 Name _____
 Date of Birth _____
 Address _____
 City, State, Zip _____
 Telephone _____

Dependent 2
 Name _____
 Date of Birth _____
 Address _____
 City, State, Zip _____
 Telephone _____

Dependent 3
 Name _____
 Date of Birth _____
 Address _____
 City, State, Zip _____
 Telephone _____