



OUT OF AREA DEPENDENT CHILD NOTIFICATION

This dependent child notification form for out-of-area dependents is required when dependent children live outside the service area.

TO ASSURE ACCURATE CLAIMS PAYMENT, THIS FORM MUST BE COMPLETED AND MAILED TO:

**SENTARA HEALTH PLANS
ATTN: ENROLLMENT DEPT.
1300 SENTARA PARK
VIRGINIA BEACH, VA 23464
Fax: (757) 963-0205
Email: members@Sentarahealthplans.com**

Group No. _____ Group Name: _____ Member No. _____

Eff. Date of Coverage: _____ PRODUCT: _____

YOUR COMPLETE NAME

SOCIAL SECURITY NUMBER

Last Name First MI

Enter the names(s) and address(es) of your eligible dependents out-of-area:

Dependent 1 Name _____
SSN _____
DOB _____
Address _____
City, State, Zip _____
Telephone _____

Dependent 2 Name _____
SSN _____
DOB _____
Address _____
City, State, Zip _____
Telephone _____

Dependent 3 Name _____
SSN _____
DOB _____
Address _____
City, State, Zip _____
Telephone _____