



Out-of-Area Dependent Coverage Verification Form

Employer Name:**Group Number:**

Your Health Plans, Inc. (HPI) medical benefits plan includes in-network coverage, through UnitedHealthcare's Options PPO provider network, for eligible plan dependents living outside of New England.

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 New England). **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 each dependent will receive a new member ID card at the address provided below to use when receiving care outside of New England.

Name: _____

Address: _____

City: _____

ST: _____

ZIP Code: _____

This is a: ☐ Permanent Address

☐ Temporary Address:

From: _____ To: _____

Name: _____

Address: _____

City: _____

ST: _____

ZIP Code: _____

This is a: ☐ Permanent Address

☐ Temporary Address:

From: _____ To: _____

Name: _____

Address: _____

City: _____

ST: _____

ZIP Code: _____

This is a: ☐ Permanent Address

☐ 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, 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**.*