



**Out of Area Request Form**

Dependents of active employees are eligible for enhanced out of area benefits if they are enrolled in school outside of the HPN (Humana Preferred Network) or the CHC (ChoiceCare Network) service area (school information must be provided) or they reside outside the HPN or CHC service area (address must be provided). The subscriber (parent) must be enrolled in either of the PPO or CoverageFirst PPO benefit plans. Dependents are expected to use their designated network providers when in the San Antonio area. Short term events, such as vacations, are not eligible.

COBRA and Retirees who reside outside of the HPN or CHC service areas are also eligible for the out of area enhancement if enrolled in either PPO or CoverageFirst PPO options.

Please complete this form and fax to the number at the bottom. Please submit form by November 30, 2008 to be updated by the beginning of the 2009 plan year. We also recommend that new hires submit form within 30 days of their effective date, and change in status should be submitted within 30 days of the change.

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Employee Name: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ I am a COBRA or Retiree who permanently resides outside the HPN or CHC area (provide address).

\_\_\_\_\_

\_\_\_\_\_ I have a dependent child or children who reside outside the HPN or CHC area for a significant portion of the year. I am enrolled in the following:

Benefit Plan: \_\_\_\_\_

(Complete dependent information below.)

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Dependent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ This dependent attends school outside of HPN or CHC area (provide name of school, city and state).

\_\_\_\_\_

\_\_\_\_\_ This dependent resides outside the HPN or CHC area for a significant part of the year (provide address).

\_\_\_\_\_

Dependent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ This dependent attends school outside of network area (provide name of school, city and state).

\_\_\_\_\_

\_\_\_\_\_ This dependent resides outside the network area for a significant part of the year (provide address).

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**Fax completed form to (210) 582-1240**