



Out-of-Area Dependent Coverage Verification Form

Employer Name: Boston Medical Center — Select Plan Group Number: B87

Your Health Plans, Inc. (HPI) medical benefits plan includes in-network coverage through Harvard Pilgrim Health Care in New England, and UnitedHealthcare’s Options PPO provider network, for eligible plan dependents who are ages 19-25 and living outside of New England.

To verify that your plan dependent(s) are living out-of-area (more than 100 miles from Boston Medical Center), 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 notify the Plan when your covered dependent(s) move back to the service area.* Please refer to your plan summary at HealthPlansInc.com/BMC 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 |

To search for a network provider, visit HealthPlansInc.com/BMC, click Provider Directory, then Harvard Pilgrim PPO.

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: <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, or for assistance in finding a network provider, call HPI’s Member Services team at 844-926-2262, weekdays from 8:00AM to 5:00PM (ET), or contact us online at HealthPlansInc.com/BMC; just click **Contact**.

HPI — Corporate Headquarters • PO Box 5199 • Westborough, MA 01581 • 844-926-2262 / Fax: 508-795-1933