SANFORD

Out-of-Area Residence Form

For members who reside outside the Security Health Plan Enrich service area, our network expands to include access to Aetna's nationwide network. For those who live in Wisconsin but outside the Enrich service area, dependents are able to see providers through the First Health network. Please review eligibility requirements and if eligible, please complete this verification form to ensure continued access to these nationwide providers and facilities for accurate processing of your claims.

ELIGIBILITY REQUIREMENTS:

- ✓ The member must have a permanent residence outside the Security Health Plan Enrich service area and within the United States.
- ✓ The member is a spouse or dependent who resides outside the Security Health Plan service area.

Reminder: Find in-network providers near you at www.securityhealth.org/provider-directory.

SECURITY HEALTH PLAN ENRICH SERVICE AREA:

Wisconsin: Adams, Barron, Buffalo, Chippewa, Clark, Columbia, Dodge, Dunn, Eau Claire, Florence, Forest, Iron, Jackson, Jefferson, Juneau, Langlade, Lincoln, Marathon, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Waupaca, Waushara, and Wood counties.

For members who reside in Wisconsin, but outside of the counties listed above, eligible dependents will have access to First Health's network of providers and facilities.

INSTRUCTIONS:

- ✓ If your application is denied, you will be informed within **14** business days after we receive your request. If you become ineligible for the national network at any time due to plan or address changes, we will contact you by mail.
- ✓ Return this form if you relocate to outside the service area, or annually by December 1, to ensure the appropriate access to providers is in place.
- ✓ If you change plans, access to Aetna's national network and First Health's network will be discontinued until access is re-requested and determined to be appropriate.
- ✓ If approved, your OAR benefit will remain in effect until you reapply for the next plan year during open enrollment or when you change plans.

SUBSCRIBER INFORMATION:

Subscriber Name: _____ Subscriber Number: _____

Please complete for each member requesting out-of-area coverage. Please use an additional form if necessary.

1. Member Name: _____
   Out-of-Area Address: _____ City: _____
   County: _____ State: _____ ZIP: _____
   Reason for Out-of-Area Address:
   - □ Employee permanently resides outside the SHP service area.
   - □ Member resides with another parent/guardian.
   - □ Member is attending school, school name, city & state: _____
   - □ Other: _____

2. Member Name: _____
   Out-of-Area Address: _____ City: _____
   County: _____ State: _____ ZIP: _____
   Reason for Out-of-Area Address:
   - □ Employee permanently resides outside the SHP service area.
   - □ Member resides with another parent/guardian.

□ Member is attending school, school name, city & state: _____

□ Other: _____

3. Member Name: _____

Out-of-Area Address: _____ City: _____

County: _____ State: _____ ZIP: _____

Reason for Out-of-Area Address:

□ Employee permanently resides outside the SHP service area.

□ Member resides with another parent/guardian.

□ Member is attending school, school name, city & state: _____

□ Other: _____

NOTE: When the member returns to the Security Health Plan Enrich Service Area, please contact us as soon as possible so we can update your records accordingly.

Policyholder Signature: _____ Date: ____/_____/___

Return this form to Security Health Plan, Attention: Enrollment PO Box 8000, Marshfield WI 54449
Fax to (715) 221-9974 or send by email to shpmember@securityhealth.org.

Questions? Our Customer Service team is available
Monday through Friday from 8 a.m. to 5 p.m. CST at (800) 472-2363 (TTY: 711).