



DeanHealthPlan

A member of SSM Health

1277 Deming Way
Madison, WI 53717

phone: 800-279-1301

Medicare: 888-422-3326

TTY: 711

deancare.com

Out-of-Area Dependent Form

Dean Health Plan is committed to helping your out-of-area dependents (up to age 26) get the coverage they need when they need it. Students who attend college out-of-town or children who live in another community are common examples of out-of-area dependents. This benefit only applies to those with employer-sponsored large group plans. If you have questions about your health plan and covered benefits, please contact Dean Health Plan's Customer Care Center at 800-279-1301. **[You may also submit this form via deancare.com/outofarea.]**

Employer Group Name: _____

Parent/Guardian Member First Name: _____

Parent/Guardian Member Last Name: _____

Dependent Member Number (if known): _____

Out-of-Area Dependent Name: _____

City/State Where Dependent Lives: _____

Date of Relocation: _____

Mail Form

Dean Health Plan
Attn: Customer Care Center
PO Box 56099
Madison, WI 53705

FAX Form

608-827-4212

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