



OUT-OF-AREA DEPENDENT CHILD NOTIFICATION

This dependent child notification form for out-of-area dependents is required when dependent children live outside the service area.

TO ENSURE ACCURATE CLAIMS PAYMENT, THIS FORM MUST BE COMPLETED AND MAILED TO:

**SENTARA HEALTH PLANS
ATTN: ENROLLMENT DEPT.
PO BOX 66189
VIRGINIA BEACH, VA 23466
Fax: 757-963-0205
Email: members@sentara.com**

Group Number: _____

Group Name: _____

Effective Date of Coverage: _____

Product: _____

YOUR COMPLETE NAME:

SOCIAL SECURITY NUMBER:

Enter the name(s) and address(es) of your eligible dependents who are out-of-area:

Dependent 1

Name _____
SSN _____
Date of Birth _____
Address _____
City, State, Zip _____
Telephone _____

Dependent 2

Name _____
SSN _____
Date of Birth _____
Address _____
City, State, Zip _____
Telephone _____

Dependent 3

Name _____
SSN _____
Date of Birth _____
Address _____
City, State, Zip _____
Telephone _____