

# Out of State Dependent Form

HonorHealth employees who have a dependent enrolled in a medical plan who resides or attends school outside of Arizona are required to complete this form. This will allow the dependent(s) to seek medical care using the UnitedHealthcare Choice Plus national provider network.

**INSTRUCTIONS: This is NOT a benefits enrollment form. You need to enroll in a medical benefit plan via Staff Member Self Service.** Complete the necessary information listed below and email to [employee.benefits@honorhealth.com](mailto:employee.benefits@honorhealth.com) or fax to 480-882-5802. This form must be completed during open enrollment (11/1 -11/15) or before the dependent moves outside of the state. The dependent will remain as an out of state member through the end of the calendar year. You must complete this form annually as long as your dependent is living or going to school outside of Arizona.

## Employee Information

First and Last Name \_\_\_\_\_

Employee ID # \_\_\_\_\_

What medical plan are you enrolled in? (Coordinated Care Plan, Standard Plan, Health Savings Account Plan (HDHP)) \_\_\_\_\_

Email \_\_\_\_\_

### Signature

## Dependent #1 Information

First and Last name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to Employee \_\_\_\_\_

State residing in outside of Arizona \_\_\_\_\_

**Select ONE of the following**

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- Dependent permanently resides outside of Arizona
- Dependent temporarily resides outside of Arizona (complete the following)

*Expected Date of Departure:*

*Name of University or College (if applicable):*

## Dependent #2 Information (if applicable)

First and Last name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to Employee \_\_\_\_\_

State residing in outside of Arizona \_\_\_\_\_

Employee ID # \_\_\_\_\_

### Select ONE of the following

- Dependent permanently resides outside of Arizona
- Dependent temporarily resides outside of Arizona (complete the following)

*Expected Date of Departure:*

*Name of University or College (if applicable):*

## Dependent #3 Information (if applicable)

First and Last name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to Employee \_\_\_\_\_

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State residing in outside of  
Arizona

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Employee ID #

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**Select ONE of the following**

Dependent permanently resides outside of Arizona

Dependent temporarily resides outside of Arizona (complete the following)

*Expected Date of Departure:*

*Name of University or College (if applicable):*