



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. If you have an out-of-area dependent, please notify Dean Health Plan by completing this form and sending it by mail or fax to the address/number below. You may also contact Dean Health Plan's Customer Care Center at 800-279-1301.

Member First Name: _____

Member Last Name: _____

Dependent Member Number (if known): _____

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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