

Out-of-State Dependent Attestation Form

If you enroll in TRS-ActiveCare Primary or TRS-ActiveCare Primary+ health plans and have a spouse or dependent who lives out of state, you can complete this form to request that they have coverage outside of Texas. Once you return this form to Blue Cross and Blue Shield of Texas (BCBSTX) and it is approved, your dependent will receive an Exception Letter stating they can receive out-of-state coverage through the Participating Provider (PAR) nationwide network. Everyone else on your health plan will still need referrals for specialists and to see providers within Texas. A separate form must be submitted for each person requesting out-of-state coverage.

SECTION 1: PERSONAL INFORMATION

Subscriber Number: _____ Group Number: _____

Daytime Phone Number _____

Email Address _____

SECTION 2: REASON FOR COMPLETING FORM

Effective date of Out-of-State Plan Coverage:

Beginning Date¹: _____

Ending Date²: _____

- ☐ 1. Dependent or spouse living out of state
- ☐ 2. Dependent or spouse working out of state
- ☐ 3. A minor-aged dependent's primary guardian lives out of state

- ☐ 4. Dependent or spouse attending school out of state

School Name _____

Location of School _____

- ☐ 5. Other, please specify: _____

¹Unless specified otherwise, this form will be effective on the first of the following month. Requests for retroactive approval will not be approved.

²A new attestation form must be submitted and approved to extend out-of-state coverage after end date. The maximum period that will be approved is one year.

SECTION 3: SPOUSE/DEPENDENT INFORMATION

Spouse/Dependent Name	Birth Date	Gender	Reason	Relationship

SECTION 4: CERTIFICATION

I have read and understand the materials describing the terms and conditions of the out-of-state coverage exception and agree to such terms and conditions. I declare that any individual for whom I am requesting this exception for health coverage meets the definition of eligible spouse or dependent as outlined in the TRS-ActiveCare Annual Enrollment Member Guide. I understand and agree that covered individuals will be required to see providers that are in the BCBSTX PAR network.

The terms and conditions of this out-of-state coverage exception are as follows:

- I will not receive an updated BCBSTX ID card for my out-of-state spouse or dependent.
- My spouse/dependent will not be able to view the BCBSTX PAR network through online member-facing tools (Blue Access for MembersSM, ID Cards, etc.) and will be responsible for using the Provider Finder provided in the Coverage Exception Letter.
- My spouse/dependent will give providers outside the state of Texas a copy of the Coverage Exception Letter in lieu of an ID card and is responsible for advising providers of this exception as it will not be represented in any online provider tools.
- My spouse/dependent will remain on the TRS-ActiveCare health plan with my family, but will be eligible for the out-of-state coverage. Everyone else on the plan will be required to see providers in the state of Texas.
- This application is not being submitted for a subscriber, as they are not eligible for out-of-state coverage.
- If my spouse/dependent relocates back to the state of Texas, it is my responsibility to notify BCBSTX.
- If my spouse/dependent requires this exception to extend past the approval to date, it is my responsibility to submit a new exception request to BCBSTX.

I certify that all information provided on this form is true and correct to the best of my knowledge.

Signature of Applicant _____

Date _____

Print and mail this form to Blue Cross and Blue Shield of Texas; Attn: TRS CSS Team; 2215 Southwest Parkway, Wichita Falls, TX 76308.

You may fax this form to BCBSTX at **1-312-653-9452**. Please include Attn: TRS CSS Team for processing.

Also, you may email this completed form to **TRS_Network_Exceptions@bcbstx.com**

For questions on the status of your request please contact a Personal Health Guide at **1-866-355-5999**.