



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

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# Dependent Child Out-of-Area Notification Form The Select Network Plan

As a member of the Regence BlueShield Select Network Plan, your dependent children may receive coverage for services if they live outside of the Regence BlueShield service area. In order to ensure we process these claims as accurately as possible, please complete the following form and simply return it in the enclosed envelope to Regence BlueShield. Please feel free to make a copy for your records. You may also send us an email with the information to [BoeingMembership@regence.com](mailto:BoeingMembership@regence.com) to update your file. Please be sure to include all of the requested information in your email.

If, at any time, your dependent child permanently returns to the Regence BlueShield service area, please contact us as soon as possible at the number provided below so we can update your records accordingly.

For the definition of an eligible dependent child, please refer to your Summary Plan Description distributed by The Boeing Company.

If you have any questions or need additional information (including service area information), please visit the Regence BlueShield Boeing Web site at [www.wa.regence.com/boeing](http://www.wa.regence.com/boeing) or call Customer Service at 1 (800) 422-7713.

Member Information		
Member ID:	Telephone Phone Number: (       )	
Signature:	Print Name:	Date Signed
For the protection of all our members, knowingly providing us with false, incomplete, or misleading information may result in Regence BlueShield taking any action allowed by law or Contract, including termination or rescission of coverage, denial of benefits, and/or pursuit of criminal charges and penalties. In addition, Regence BlueShield will have the right to collect any claims payment or other damages.		
Dependent Child Information		
Name:	Street Address:	
Date of Birth:	City/State:	
Effective Date of New Address:	Zip Code:	
Dependent Child Information (Additional)		
Name:	Street Address:	
Date of Birth:	City/State:	
Effective Date of New Address:	Zip Code:	
Dependent Child Information (Additional)		
Name:	Street Address:	
Date of Birth:	City/State:	
Effective Date	Zip Code:	