

OUT-OF-AREA DEPENDENT CHILD NOTIFICATION

This dependent child notification form for
outside the service area.

TO ENSURE

SENTARA HEALTHCARE
ATTN: ENROLLMENT
PO BOX 661
VIRGINIA BEACH, VA
F x: 757-636-3636
Em il: enrollment@sentara.com

Group Number: _____

Effective Date of Coverage: _____

YOUR CC n X q w _ - B 6 6 2 | . | _