



1515 Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000
1-800-622-7790 or 715-221-9700

Dear Subscriber:

Security Health Plan would like to ensure your out of area dependent's claims are processed correctly while they are outside our service area. We need the following information for any dependent living outside the Security Health Plan service area so that if he or she receives out-of-area services, we pay the claim as if incurred in-network.

Subscriber's Name: _____

Dependent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

If you have further questions, please contact our Customer Service Department at 1-800-472-2363 or 715-221-9555. If you are hearing or speech impaired, please call TYY 1-877-727-2232. Our office hours are Monday, Wednesday, Thursday and Friday from 7 a.m. to 5:30 p.m. and Tuesday from 8 a.m. to 5:30 p.m.

Sincerely,

Membership Department
Security Health Plan of Wisconsin, Inc.

Failure to provide the requested information will result in claims being paid as incurred out-of-network.