



A CENTRAL STATES HEALTH PLAN

ALTERNATE ADDRESS REQUEST

Use this form to designate an address other than the participant address that will be used for all explanation of benefits statements, correspondence, and claim checks.

Name of Participant _____
 Providing Health Coverage: _____
 Participant's Identification Number: _____
 Your Relationship to the Participant: _____
 Your Name: _____
 Your Address: _____
 Your Phone Number: _____

Reason for Request: Custodial Parent Legal Separation Estate Adult Child

If this request is for child(ren), you must submit a legal document such as a copy of the divorce decree, child support order, or any other legal document that verifies custodial arrangements of the child(ren), if you have not already done so. **If Participant is providing primary insurance coverage, TeamCare requires approval and signature of the Participant to set up the alternate address for the child(ren) unless the relevant legal document not only provides for sole custody by the other parent, but also gives that parent sole authority to make medical decisions on behalf of the child(ren). This form will not waive or terminate parental rights of the Participant.** A parent who does not have legal custody is always entitled to review a copy of any explanation of benefits (EOB) for his or her minor child(ren). However, requests to review an EOB will be denied when expressly prohibited by HIPAA laws and regulations.

If the alternate address is on behalf of the estate of a deceased Participant or beneficiary, you must submit documents to establish that you have legal authority to act on behalf of the estate.

If the alternate address is on behalf of an adult child or spouse for themselves, the adult child or spouse should sign below. The signature of the Participant is not required.

Please list the child(rens) full name(s) and birthdate(s):

Name(s):	Birthdate(s):
Your Signature:	Date:
Participant Signature:	Date:

The completed and signed form can be submitted through the TeamCare message center at MyTeamCare.org, sent by fax to (847) 518-9789, emailed to PrivacyOfficer@centralstates.org, or mailed to:

Privacy Officer
 TeamCare
 PO Box 5125
 Des Plaines IL 60017-5125

Please allow 3 to 5 business days to set up the alternate address. If you have any questions, the CustomerCare Center is available at 800-TEAMCARE.