

INTEGRIS Health Proof of Residence Form for Out-of-State Dependent(s)

Per INTEGRIS Health Medical Plan requirements, you must submit this form along with the following documents to be eligible for out-of-state dependent coverage. If this form, along with the required documentation, is not submitted you will not be enrolled in the out-of-state plan option.

Category I (one document showing proper name and address)

- Most recent real estate tax bill
- Mortgage statement
- Signed current lease plus proof of last two rent payments
- School registration form

Category II (two documents showing proper name and address)

- Gas bill
- Electric bill
- Water bill
- Car insurance or car registration
- Homeowner's or renter's insurance
- Telephone bill or Cable TV Bill within last 60 days day (land line only / **no** cell phones)

Dependent Name _____

Address _____

INTEGRIS Health Caregiver/Policy Holder Name _____

Caregiver ID _____

Phone Number _____

I hereby state the above information is correct.

Signature of Dependent (if over age 18)

Date

Signature of INTEGRIS Health Caregiver/Policy Holder

Date

Submit completed form to INTEGRIS Health fax at 405.979.8343 or by mailing to 3520 NW 58th St., Ste. A-100, Oklahoma City, OK 73112.

You may also email this form to BenefitForms@integrisok.com

Please contact HR Customer Service at 405-949-4045 if you have any questions.

(Form must be returned by the appropriate deadline. New hire – enrollment deadline, Life Event – 30 days from date of life event, Open Enrollment – last day of open enrollment)