

***GradCare off-site registration form***

For University of Michigan students enrolled in off-campus academic study or other off-site field placement.

***Instructions***

To obtain expanded coverage outside the GradCare network or affiliated providers (See your GradCare Member Handbook and Certificate of Coverage about details of your Plan), this completed form **must** be on file with BCN prior to the beginning of the academic off-campus study term. Please fax this form to BCN Claims at (616) 956-5812 or mail to: Blue Care Network, P.O. BOX 68710 Grand Rapids, MI 49516-8710.

Medical services with non-network providers must be pre-authorized by BCN as indicated in the GradCare Member handbook and Certificate of Coverage.

***Eligible graduate student information***

_____		_____	
Name of eligible graduate student (Last, First, Middle Initial)		BCN Contract Number	
_____		_____	
Local address	City	State	Zip
_____	_____	_____	_____
Local phone number	E-mail address	Date of birth	
_____	_____	_____	
Off-site address	City	State	Zip
_____	_____	_____	_____

***Off-site study area or field placement***

_____		_____	
Course name		Location	
_____		_____	
Specific program duration (begin/end)	Day phone number	Evening phone number	
_____	_____	_____	
Brief program description			
_____			

***Department certification*** This section **must** be completed by your department.

_____		_____	
Approved by (typed or printed)		Program name	
_____		_____	
Department head or faculty advisor signature		Date signed	
_____		_____	

***Subscriber certification and signature***

The information above is correct to the best of my knowledge. I will immediately inform my Department Administrator of any changes in location, administrative approval, or other pertinent features of my off-site study/placement that may affect the extent of my health care coverage with GradCare.

\_\_\_\_\_  
Signature of eligible graduate student

\_\_\_\_\_  
Date signed