

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 phone
_____ Department head or facility 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