



**OUT OF STATE DEPENDENT
AUTHORIZATION FORM
Employee Health Plan
Powered by Beacon Health**

If your dependent(s) are covered by the Northern Light Employee Health Plan and live or attend college outside the state of Maine, you must complete this form **for your dependent(s) to be able to access the PHCS network** and receive services at the in-network level of coverage. New this year, if your dependent(s) are living outside of Maine, everyone on your plan will have access to the PHCS network. That means you and all your covered dependents will receive new “OOS” cards. Your ID number will not change.

PHCS is a Preferred Provider Organization (PPO) and nearly 68 million people have access to this national network of approximately 900,000 health care providers. This extensive network will help meet your dependent(s) needs, while minimizing out-of-pocket costs.

We encourage you to visit www.multiplan.com to search for PHCS providers and/or call the customer service team to verify provider participation.

To enroll your dependents in the PHCS network, please complete the fields below and fax or email this form to Northern Light Health HR Service Center at 207-973-7865 or hrservicecenter@northernlight.org. Please retain a copy of your form and/or your fax transmission receipt.

Employee Information:

Employee Name: _____

Employee ID Number: _____

Employee SS#: _____

Employee Signature: _____ Date: _____

Dependent Information:

Name of Dependent: _____ Location: _____
City/Town, State, Zip Code

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