

***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 (877) 232-3264 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

***Dependents (spouse, other qualified adult, children, etc) – complete if applicable***

List dependents out of area during the off site placement of the subscriber.

Name of eligible dependent (Last, First, Middle Initial)	Date of birth	Off-site Location
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***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 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