



Horizon Blue Cross Blue Shield of New Jersey

### AWAY FROM HOME CARE GUEST SERVICES APPLICATION

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### A. SUBSCRIBER INFORMATION

Name: \_\_\_\_\_ Identification #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Sex:  Male  Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:  Single  Married  Divorced  Other

Employer Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Type of coverage:  Individual  Family Employment Status:  Active  Retired

#### B. GUEST MEMBER INFORMATION

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Address away from home: \_\_\_\_\_

Telephone # away form home: \_\_\_\_\_

Sex:  Male  Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:  Single  Married  Divorced  Other

Relationship to Subscriber:  Self  Spouse  Dependent

Name of care giver for minor child: \_\_\_\_\_

Medicare Enrollee:  Yes  No Is Medicare Primary:  Yes  No Medicare ID #: \_\_\_\_\_

Effective Date: Medicare Part A \_\_\_\_/\_\_\_\_/\_\_\_\_ Medicare Part B \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have other insurance?  Yes  No

Name of other carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

#### C. CONTROL INFORMATION

Period of Guest Membership requested:  New  Renewal

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Guest Membership:  Families Apart  Student  Long Term Traveler (Limited to 6 months)

#### D. AWAY FROM HOME CARE AUTHORIZATION

I Hereby certify that all information stated in Sections A and B on this application is truthful and correct to the best of my knowledge. I acknowledge that the benefit program providing coverage to myself or eligible dependents as Guest Members of the Host HMO may vary from the benefit program at my Home HMO. I understand that as a Guest Member the Host HMO benefit program's scope and levels of coverage apply.

\_\_\_\_\_  
Signature of Subscriber

\_\_\_\_\_  
Date

"I hereby authorize my Home HMO and my Host HMO, to exchange medical information about me."

\_\_\_\_\_  
Signature of Guest Member (parent/guardian for minor)

\_\_\_\_\_  
Date