

## University of Virginia Health Plan Foreign Country Enrollment Form for Participants Living Outside the United States

Members living outside the United States for 90 days or longer may use providers in the foreign country in which they are residing as in-network providers for medically necessary health services with the exception of transplants. All transplant services must be performed by Aetna Institutes of Excellence Network Providers. Health services received in the U.S. must be provided by Aetna participating providers to be eligible for in-network benefits. Submit claim forms for non-U.S. providers to Aetna for reimbursement at in-network rates.

Employ	ee Info	ormation							
Employ	ee Ful	l Legal Name:							
Employee Number:				Aetna ID#:					
Daytime Phone Number:				UVA Email ID:					
Employ	ee, Sp	ouse and/or Depender	nts Needing	Internat	tion	nal Coverag	e:		
Name				Aetna Id#				D.O.B.	
Name				Aetna Id#				D.O.B.	
Name				Aetna Id#				D.O.B.	
Name				Aetna Id#				D.O.B.	
Dates out of the Country				Name of Country					
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UHR Benefits Division Signat			Employee Signature						
PO Box 400127									
Charlottesville, VA 22904-4127 For			For UHR Of	Office Use Only:					
Phone: 434-982-0123 Fax: 434-924-4486 E-mail: askhr@virginia.edu			Benefit Signature						