

Alternate Payee Request



Alternate Payee can be set up for custodial parents to automatically receive EOB's (Explanation of Benefits) whenever a claim is submitted on their child(ren), who have coverage through a non-custodial parent's plan. In addition to receiving EOB's, the custodial parent can also receive reimbursement checks for health services or prescription drugs that they paid for in advance, if the expenses are submitted to the health plan and a check is issued.

In order to qualify for Alternate Payee, the following must be met:

1. Person requesting Alternate Payee has primary physical custody of the covered child(ren).
2. Person requesting Alternate Payee must submit copy of legal document such as a copy of divorce decree, child support order, parenting plan or any other LEGAL document that verifies custodial arrangements of the child(ren). **Alternate Payee request will not be processed without copy of legal documentation.**

EQUAL CUSTODY BETWEEN EACH PARENT DOES NOT QUALIFY FOR ALTERNATE PAYEE.

HOW TO APPLY FOR ALTERNATE PAYEE:

Complete the form below in full, sign and date the form, and mail to Allegiance Benefit Plan Management ATTN: Enrollment Services Manager, PO Box 21074, Eagan, MN 55121. Include copy of legal documentation as listed above verifying the custodial arrangement of the children. Call 1-800-877-1122 with any questions.

Once your request has been received and reviewed, you will be notified in writing when the Alternate Payee setup has been completed.

ALTERNATE PAYEE REQUEST FORM:

Custodial parent name: _____

Address: _____

Phone: _____

Name of parent providing health coverage _____

Social Security Number _____

Group or Employer name: _____

Child(ren) for whom you will be the alternate payee: (list full name(s) and birthdate(s):

Signature of Custodial Parent

Date

PLEASE DON'T FORGET TO ATTACH COPY OF THE APPROPRIATE LEGAL DOCUMENTATION. ALTERNATE PAYEE SETUP CANNOT BE PROCESSED WITHOUT IT.