



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.

Customer Service Omaha 390-1820
Toll Free 800-642-8980
Hearing Impaired 390-1888 TTY/TDD

Omaha Fax 402-392-2141
Lincoln Fax 402-477-2952

April 8, 2016

GEN
I.D. No.:
Group No.:

Dear [member name]

Our records indicate that you no longer live in Nebraska. Unfortunately, we will no longer be able to provide insurance coverage for you unless you are temporarily living outside Nebraska.

If you have left Nebraska temporarily and desire to retain your coverage with Blue Cross and Blue Shield of Nebraska, please complete the Residency Statement on the reverse side. Send the residency statement to us by <date>, to prevent a lapse in coverage.

If you are a resident of a different state, you may be eligible for coverage from the Blue Cross and/or Blue Shield company that serves the area where you now live. Visit bcbs.com to find your local Blue Cross and Blue Shield company.

If you have questions or need more information about benefits, please call our Member Services Department toll free, using the number on the back of your Blue Cross and Blue Shield of Nebraska ID card.

Sincerely,

Member Services
Blue Cross and Blue Shield of Nebraska

C-120

Please provide us with a written explanation of your current residency status. Nebraska law defines residence to mean an individual who has a true, fixed, and permanent home, and to which whenever absent, he or she intends to return, even though absent for temporary or transitory purposes.

To substantiate your claim of Nebraska residency, please enclose a copy of your driver's license or an equivalent state ID and/or a copy of your current vehicle registration.

RESIDENCY STATEMENT

1. I certify that my new address is temporary, for the reasons indicated below:

2. My permanent address is:

3. During the past 12 months, I was living in the State of Nebraska on the following dates:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

4. Please advise the estimated date of return to Nebraska as a permanent resident:

5. Additional comments:

Signature

Date

Return form to:
Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180