



Dependent Out of Area Application Form



This application allows dependents outside of the covered area access to Cigna OAP network. This form must be filled out before receiving any services outside of the Smart Healthcare Consumer Plan service area. A separate form must be submitted for each dependent that will be accessing the out of area network.

Coworker Contact Information

Name	Email	Phone
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Dependent Applicant Information

Dependent Applicant Name	Relationship to Employee
Birth Date	Gender

Dependent Information

Address	City	State	Zip Code
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Date

Reason for Out of Area

Form Submission

Email: KwikTrip@AskAllegiance.com | Fax: 844-807-1347

To search for providers in the Cigna OAP network that are available outside your area, [click here](#). The OAP network can only be accessed upon Out of Area approval or case of medical emergency.