AWAY FROM HOME PROGRAM (AFH)
JACKSON HEALTH SYSTEM

If you have covered dependents, including students who are away at school or do not live with you regularly, please read below:

Jackson First Rider members (effective 01/01/27)
Jackson Health System offers enrolled employees who live within the Aetna Service Area (see below) access to a nationwide provider network for their covered dependents who reside outside the Aetna Service Area temporarily. This includes students away at school and/or spouse dependents. Upon meeting criteria for the AFH Program, your covered dependent(s) may use providers and receive the in-network benefit level.

Please complete the Away From Home form to obtain dependent access to the Nationwide network.
All required plan procedures and guidelines must still be followed for claims to be approved for payment.

For additional information, please visit JacksonBenefits.org or attend a regional meeting during Open Enrollment. You may also contact the Aetna JHS Dedicated Member Engagement Center at **1-855-755-0507.**

TO ENROLL YOUR DEPENDENT(S), PLEASE COMPLETE THE INFORMATION BELOW AND:

EMAIL TO HR-BENEFITS@JHSMIAMI.ORG

SUBSCRIBER INFORMATION:

Employee Name:_____ **Employee SSN or AETNA ID:**_____

Employee Signature:_____ **Date Signed:**_____

DEPENDENT (S) TO BE ENROLLED ON AWAY FROM HOME*:

1. **Dependent Name:**_____ **Relationship to Employee:** _____

   Reason for Away from Home:_____

   Effective start and end date requested (cannot be in excess of 4 years, you must reapply if an extension is needed)**:** _____

   If student, please identify school: _____

   Address of dependent (must include city and state): _____

   _____

Continued on reverse side.

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DEPENDENT(S) TO BE ENROLLED ON AWAY FROM HOME*: (Continued from reverse side.)

2. **Dependent Name:**_____ **Relationship to Employee:** _____

Reason for Away from Home:_____

Effective start and end date requested (cannot be in excess of 4 years, you must reapply if an extension is needed)**:** _____

If student, please identify school: _____

Address of dependent (must include city and state): _____

_____

3. **Dependent Name:**_____ **Relationship to Employee:** _____

Reason for Away from Home:_____

Effective start and end date requested (cannot be in excess of 4 years, you must reapply if an extension is needed)**:** _____

If student, please identify school: _____

Address of dependent (must include city and state): _____

_____

4. **Dependent Name:**_____ **Relationship to Employee:** _____

Reason for Away from Home:_____

Effective start and end date requested (cannot be in excess of 4 years, you must reapply if an extension is needed)**:** _____

If student, please identify school: _____

Address of dependent (must include city and state): _____

_____

5. **Dependent Name:**_____ **Relationship to Employee:** _____

Reason for Away from Home:_____

Effective start and end date requested (cannot be in excess of 4 years, you must reapply if an extension is needed)**:** _____

If student, please identify school: _____

Address of dependent (must include city and state): _____

_____

* For additional dependents, please fill out an additional AFH form.