

National Access Program - Registration Form Out-of-Area Dependent Students

This form is used to register Dependent Students living outside of Friday Health Plans service area for the National Access Program by Zelis. Eligibility requires Full-Time Student Status at an Accredited College or University. Please complete this form prior to attempting to use these benefits. Some non-emergency services must be pre-authorized by Friday Health Plans. Registration must be completed annually.

General Information - Please	type or print clearly in black i	nk					
Subscribers Legal Name Dependents Name				Subscriber Member ID No. (Required)			
				Dependent Member ID No. (Required)			
Subscribers Street Address		City		County	State	ZIP code	
Name of School		Student E	t Email Address:				
Proof of Student Status (RE	QUIRED)						
You must include one of the following	with this form. Please mark	the option that	works best for you				
Copy of Student ID (Include	Front and Back)						
Copy of Transcript (Must Sh	now Student Name)						
Copy of Class Schedule (Mu	ist Show Student Name)						