AWAY FROM HOME PROGRAM (AFH)
MIAMI-DADE COUNTY

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

**HMO/POS Advantage Members:**
The County offers Subscribers who live within the AvMed Service Area (see below) access to a nationwide provider network through Private Healthcare Systems, Inc. (PHCS), for covered dependents who reside outside the AvMed Service Area on a temporary basis. This includes students away at school. Upon meeting criteria for the AFH Program, your covered dependent(s) may use PHCS providers and receive the in-network benefit level. To determine if PHCS providers are available where your dependent resides or attends school, please check the website at [www.AvMed.org/MDC](http://www.AvMed.org/MDC).

**MDC Select Network Members:**
The County offers Members who live within Miami-Dade/Broward/Palm Beach counties access to a nationwide provider network through Private Healthcare Systems, Inc. (PHCS), for covered dependent children who reside outside the AvMed Service Area on a temporary basis. This includes eligible covered dependents to age 26 that are either students away at school, or living outside the service area. Upon meeting criteria for the AFH Program, your covered dependent(s) may use PHCS providers and receive the in-network benefit level. To determine if PHCS providers are available where your dependent resides or attends school, please check the website at [www.AvMed.org/MDC](http://www.AvMed.org/MDC).

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

For additional information, please visit AvMed’s website at [www.AvMed.org/MDC](http://www.AvMed.org/MDC) or attend a regional meeting during Open Enrollment. You may also contact AvMed’s MDC Dedicated Member Engagement Center at 1-800-682-8633.

**AVMED SERVICE AREA:**
The AvMed network is available in the following regions / counties: (Members may have access to PHCS network outside these service areas):

- Alachua
- Baker
- Bradford
- Brevard
- Broward
- Charlotte
- Citrus
- Clay
- Collier
- Columbia
- DeSoto
- Dixie
- Duval
- Flagler
- Gilchrist
- Glades
- Hamilton
- Hardee
- Hendry
- Hernando
- Highlands
- Hillsborough
- Indian River
- Lafayette
- Lake
- Lee
- Leon
- Levy
- Madison
- Manatee
- Marion
- Martin
- Miami-Dade
- Monroe
- Nassau
- Orange
- Osceola
- Palm Beach
- Pasco
- Pinellas
- Polk
- Putnam
- Sarasota
- Seminole
- St. Johns
- St. Lucie
- Sumter
- Suwannee
- Taylor
- Union
- Volusia

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

Fax it to:  Attn: Member Engagement  Or mail it to:  AvMed, Attn: Member Engagement  
305 671-4736  P.O. Box 569008, Miami, Fl. 33256

**SUBSCRIBER INFORMATION:**

Employee Name: ___________________________  Employee SS #: ___________________________

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.
AWAY FROM HOME PROGRAM (AFH)
MIAMI-DADE COUNTY

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.