COORDINATION OF BENEFITS

Name:____ SSN: XX-XX-____________________

Address:____

Please complete the following questionnaire if you or your family currently have or has had other medical insurance within the past 12 months.

Do you or any member of your family have other health insurance?_______ YES _______NO

If yes, please continue. If no, please sign, date, and return this form in the envelope provided.

In whose name is the other policy:__________________________ Their date of birth: ______/______/______
MM DD YYYY

The other policy covers: ______Hospital ______Medical ______Dental ______Vision ______Drug

Policyholder status: ______Active ______Retired ______COBRA (Continuation of coverage)

Policy Type: ______Family ______Single Group Number:______________________________

Policy Number:__________________________ Effective Date:_____________ Cancellation Date:__________

Name of Insurance Company:____

Street Address:____

City, State, Zip:______________________________________ Telephone #:___________________________

If the other insurance is Family coverage, list the names, birth dates and relationships of those covered under this policy. If there is a court order designating responsibility for a child's health care, please attach a copy of that document to your response. *(Please attach additional sheets if more than three dependents.)*

Last Name	First	MI	Birthdate	Relationship

If Medicare covers you: Effective Date of Part A:______________ Part B:____________ Part D:____________

Is the Medicare eligibility due to: ☐Age ☐Disability ☐End Stage Renal

If Medicare covers one of your dependents: ☐Spouse ☐Other Dependent

Their Name:__________________________________ Medicare #:____________________________

Effective Date of Part A:__________________________ Part B:________________________________

Is the Medicare eligibility due to: ☐Age ☐Disability ☐End Stage Renal

The above information is true and complete to the best of my knowledge.

_____________________________ _______________ _______________
Member Signature Date Home Phone