

COORDINATION OF BENEFITS

Please complete the information below. If you have any questions regarding this form, please contact your Insurance Company Customer Service at the number on the participant's medical card.

Your policy contains a "coordination of benefits" provision that allows Your Insurance to share responsibility in covering health care expenses with any other company covering you or your family for medical benefits. When health care expenses are shared between two or more companies, out-of-pocket expenses for the participant may be reduced. In addition to benefiting the individual member, coordination of benefits is beneficial to all participants because it avoids duplication of payments that would result in higher premium rates.

1. Employee _____ DOB _____
2. Employer Name _____ Acct. Name _____
3. Social Security Number _____
4. Patient Name _____ Participant DOB _____
5. Patient Address _____

If married, please complete the following:

Name of Spouse of Employee _____ DOB _____
 Spouse's employer & address _____
 Is spouse covered under his/her employer's health plan? Yes ___ No ___
 If yes, please complete the following:
 Employer's health plan name _____
 Address for submitting claims _____
 Policy # _____ Effective Date _____
 Single coverage _____ Family Coverage _____
 If family coverage, list all covered members _____

If you are divorced and/or remarried with dependents, please complete the following:

Dependents	Person with Physical Custody	Relationship	Person Responsible for Dependent Health Care Expenses per Divorce Decree

If you or your family members are covered under any other medical/dental plan in addition to the coverage listed above (i.e., Medicare or Medicaid, other insurance), please complete the following section. (This does not include the employee's current insurance plan.)

Health Plan Name	Name of Person Covered	Policy Number	Effective Date

I certify the above information is true and correct. I understand that the purpose of this information is to assure appropriate coordination of benefits of all plans.

Participant Signature

Date