



In order to process claims, this form must be completed and returned to Blue Cross of Idaho. You may call 800-289-8614 for coordination of benefits.

COORDINATION OF BENEFITS

Dear Blue Cross of Idaho Enrollee:

Before we can process your claims, we must know if you, your spouse or dependents have other health insurance coverage. We will confirm this information with you annually.

The reason for this request is that your Blue Cross of Idaho Agreement has a coordination of benefits provision. If you or your family members have coverage under more than one Blue Cross/Blue Shield Plan or through another carrier, the benefits are coordinated so the carriers do not make duplicate payments for service.

Do you or any family members listed on your coverage currently have or in the past year had other group health or individual policy coverage, including other Blue Cross of Idaho or Medicare coverage? Yes, complete Part 1 below No, go to Part 5, Sign, date and return.

PART 1 - GENERAL INFORMATION

Form with fields for Name and Birth Date of Policy Holder, Relationship to Blue Cross of Idaho Enrollee, Name of Other Group Insurance Plan, Other Insurance Phone #, Address You Send Your Claims to, City, State, Zip, This Coverage is for (Medical, Vision, Dental, Rx), Identification Number of Other Plan, Effective Date of Other Coverage, Termination Date.

PART 2 - OTHER REQUIRED INFORMATION

Is your spouse, or are any of your dependents, currently employed? Yes, complete this section No, go to Part 3

Spouse's Birth Date:

If so, please list family member name, relationship and place of employment.

Table with 4 columns: Name, Relationship, Employer, City, State. Two rows for listing family members.

PART 3 - MEDICARE

Do you or any of your dependents have Medicare coverage? Yes, complete this section No, go to Part 4

Form with fields for Name of person covered and Medicare Number, and a list of Medicare services (Part A, Part B, Disability, End Stage Renal Disease) with Yes/No options and Effective Dates.

PART 4 - CHILD CUSTODY INFORMATION

Are the parents of any of your children divorced or legally separated? Yes, complete this section No, go to Part 5

If you and your child's other parent have been divorced or are legally separated, please indicate who has physical custody of your child(ren).

Form with checkboxes for Father, Mother, Other and a field for Date Awarded.

Is a parent required by court decree to provide insurance? Yes No If yes, which parent? Father Mother Both

If so, what other coverage has been provided?

PART 5 - SIGNATURE

The above statements are true and correct to the best of my knowledge.

Signature area with fields for Signature of Blue Cross of Idaho Enrollee, Date, Enrollee No, and Date.