

COORDINATION OF BENEFITS QUESTIONNAIRE

Your Name: _____ Social Security #: _____

A. Within the past year, have you or any member of your family been covered by another insurance company?

- No.** Please complete question C, if applicable.
- Yes.** Please complete the remainder of this questionnaire.

B. Check which of the following plans provide benefits for you or any member of your family:

Another Highmark Blue Cross Blue Shield Delaware contract?

ID #: _____

Medicare?

HIC #: _____ Part B effective date (mo., day, yr.): _____

Another health insurer?

Name of other health insurance company: _____

Name of other employer: _____

Address where claims are submitted: _____

Name of policyholder: _____

Policyholder's date of birth (month, day, year): _____

Policyholder's ID #: _____

Effective date of policy (month, day, year): _____

Cancellation date, if applicable (month, day, year): _____

Name of persons covered:

Spouse: _____

Dependent child(ren): _____

Another dental policy?

Name of dental carrier: _____

Effective date of dental policy (month, day, year): _____

If dental policy is canceled, date (month, date, year): _____

Who is covered under this policy? Policyholder Spouse Dependent child(ren)

COORDINATION OF BENEFITS QUESTIONNAIRE continued

C. The following information must be provided as required by our Employer's Coordination of Benefits (COB) Policy. (Check with your employer.)

- My spouse is: Not employed
 Employed full-time
 Employed part-time
 Self-employed
 Retired

Name of spouse's employer: _____

Is medical insurance offered? Yes No

Percent of premium, if any, paid by spouse? _____

If spouse is self-employed, what percent is paid by his/her employees? _____

Renewal date of spouse's medical insurance plan: _____

Your signature: _____

Daytime telephone number: () _____

Identification #: _____

Please return this survey to:
Highmark Delaware
P.O. Box 1991
Wilmington, DE 19899-1991

We thank you for the time spent completing this questionnaire.
The information provided will help us to process your claims.