COORDINATION OF BENEFITS INFORMATION

Your group health plan contains a Coordination of Benefits (COB) provision to ensure correct benefits are provided on claims for members covered by more than one health plan. We need information about possible other insurance coverage, including Medicare, before we can process your claim. **NOTE: CLAIMS WILL BE DENIED UNTIL THIS DATA IS RECEIVED BY PAI.**

Employee Name: _____

Address: _____

UMID: _____ Group: _____ Location: _____

Name(s) of Dependent(s) on PAI Policy

	Name (First and Last)	Relationship to You	Social Security #
1.			
2.			
3.			
4.			
5.			

Please list any Dependent(s), AGE 19 AND OVER, who are eligible for their own employer sponsored medical health insurance.

	Name (First and Last)	Relationship to You
1.		
2.		
3.		

Do you or does any member of your family have other group health, dental or drug coverage, Federal Employees' Program (FEP), or Medicare?

☐ **No** If No, please skip to the bottom of this form, sign, date and return this form to us.

☐ **Yes** If Yes, please complete entire form, sign, and return.

SECTION 1 OTHER HEALTH COVERAGE INFORMATION (Excluding Medicare – See Section 2)

Please provide information about policy holder of the other health coverage. Attach additional pages if needed.

Name of policy holder of other coverage	Relationship to you	Social Security #	Employer	Birth date

Insurance company name	Insurance company address	Phone #

Member ID / Policy #	Group #	Effective Date

Type of coverage: ☐ Single ☐ Family

Type of Plan: ☐ Medical ☐ Dental ☐ Vision ☐ Prescription Drug

Who is covered by this other plan? Include yourself if applicable.

	Name (First and Last)	Relationship to You	Social Security #
1.			
2.			
3.			
4.			
5.			

SECTION 2 MEDICARE COVERAGE

Are you or any member of your family covered by Medicare? ☐ Yes ☐ No

If YES, name of person with Medicare _____ Social Security # _____

Medicare Effective Date: _____ Health Insurance Claim Number (HICN) _____

_____ _____

Employee's Signature **Date**

Please sign, date, and return this form to: Planned Administrators, Inc., P.O. Box 6927, Columbia, SC 29260

P.O. Box 6927
Columbia, South Carolina 29260

Phone (800) 768-4375
Fax (803) 870-8852

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