MEBS
Better Decisions. Better Healthcare.

Coordination of Benefits Questionnaire

SECTION 1 YOUR HEALTH INFORMATION

Member Name (as found on your ID card)	BCBSM Contract Number	BCBSM Group Number

In addition to this contract, are you or any of your covered dependents also covered by another group health care plan including Medicare?

☐ NO – Please skip the rest of the questions, sign at the bottom, and return

☐ YES – Please complete entire form, sign at the bottom, and return

SECTION 2 OTHER HEALTH COVERAGE INFORMATION

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

Name of policy holder of other coverage	Relationship to you	Social security number	Employer	Birthdate

Insurance company name	Insurance company street address	City	State	ZIP code

Member ID / policy number	Group number	Effective date	Cancellation date (if applicable)

Type of coverage		Type of plan: (check all that apply)
☐ Single ☐ Family	Is this a retiree contract? ☐ Yes ☐ No Is this a COBRA contract? ☐ Yes ☐ No Is policy holder laid-off? ☐ Yes ☐ No	☐ Hospital ☐ Medical ☐ Dental ☐ Vision ☐ Prescription Drugs

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

Name (first and last)	Relationship to you	Name (first and last)	Relationship to you
1.		4.	
2.		5.	
3.		6.	

SECTION 3 SPECIAL SITUATIONS

Fill out this section only if any of your children have health care coverage in addition to the above because of divorce, separation, etc.

Is there a court order that determines responsibility for health care coverage or custody? ☐ No ☐ Yes - *(Attach a copy of the sections that apply to health care responsibility and/or custody arrangements)*

Name of person responsible for child's health care coverage	Social security number	Employer	Birth date

Insurance company name	Insurance company street address	City	State	ZIP Code

Member ID / policy number	Group number	Effective date	Cancellation date

Which children are covered by this insurance?

Child's name (first and last)	Who has custody	Child's name (first and last)	Who has custody
1.		4.	
2.		5.	
3.		6.	

Member's signature: ______________________ **Date:** ____________

Return completed forms to:

MEBS, Inc.
Attn: Customer Service
3809 Lake Eastbrook Blvd SE **OR** Fax: 616-458-3495
Grand Rapids, MI, 49546