

If you are covered by two or more health insurance plans, Group Health can coordinate benefits with the other insurers to help you receive the full benefit of those plans. By coordinating benefits, we may be able to waive or reduce your out-of-pocket expenses for covered services. Please take a moment to complete the information and return the form to us at the address below or fax this form to the Coordination of Benefits Unit at Group Health at 1-509-434-3113.

For each family member listed below, please indicate if they are covered by an insurance plan other than Group Health.

Consumer Number	First Name	M.I.	Last Name	Date of Birth	Other Insurance?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

If any of your family members **ARE** covered by another insurance plan, please complete the Other Insurance information below:

Other Insurance #1:

Name of Insurance Company	Group/Plan Number	Member ID Number
Address of Insurance Company		Phone Number of Insurance Company
Full Name of Subscriber/Policy Holder	Subscriber/Policy Holder Date of Birth	Relationship to Group Health Member

Other Insurance #2:

Name of Insurance Company	Group/Plan Number	Member ID Number
Address of Insurance Company		Phone Number of Insurance Company
Full Name of Subscriber/Policy Holder	Subscriber/Policy Holder Date of Birth	Relationship to Group Health Member

Insurance regulations now stipulate which health carrier will process claims first during coordination of benefits for dependent children when parents are divorced or legally separated. The carrier covering the person with custody of the child or the person who was given financial responsibility for coverage by a court decree will process the claims first. You must provide us with a copy of the divorce decree, the custodial parent's name, and address and phone number so we can determine the correct order of benefits and whom to send potential overpayments to.

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Member/Subscriber

Date

For questions about completing this form, or for more information about Coordination of Benefits, please call 1-888-901-4636. This form can also be found at www.ghc.org, where it can be printed and mailed to:

Coordination of Benefits
Group Health Cooperative
PO Box 204
Spokane WA 99210-0204