



## COORDINATION OF BENEFITS

Date: \_\_\_/\_\_\_/\_\_\_

Subscriber  
Street Address  
City, State Zip

In order for CareFirst Administrators to maintain accurate information on your account, please complete this questionnaire.

In addition to your coverage with CareFirst Administrators, are you, your spouse or dependent child(ren) covered by another health insurance plan or Medicare?

\_\_\_\_\_ YES If yes, then please complete this questionnaire

\_\_\_\_\_ NO If no, then please sign this questionnaire and return it to the address at the bottom of this letter.

### **OTHER HEALTH INSURANCE INFORMATION:**

*(If there are multiple coverages, then please list each one on a separate piece of paper.)*

1. Policy holder's name: \_\_\_\_\_

2. Name of other insurance company: \_\_\_\_\_

3. Address of other insurance company: \_\_\_\_\_

4. Policy number: \_\_\_\_\_

5. Policy effective date: \_\_\_/\_\_\_/\_\_\_ AND/OR Policy cancellation date: \_\_\_/\_\_\_/\_\_\_



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6. List all dependents who are eligible for coverage under the other health insurance noted in Question 2: Name, Date of Birth and Relationship to the policy holder (i.e., spouse, child)

Name	Date of Birth	Relationship to Policy Holder

7. Please check all services that are covered under this plan:

Hospital Services   
 Major Medical   
 Major Dental  
 Dental Services   
 Vision Services

8. Is this plan covered through an employer group?  YES  NO

If yes, then please provide the name of the employer group: \_\_\_\_\_

\_\_\_\_\_  
Subscriber's Signature

\_\_\_\_\_  
Date

Please return this form completed, signed and dated to:

**CareFirst Administrators  
PO Box 3900  
Merrifield, VA 22116-3900**

If you have any questions, please contact our customer service department at 1-866-945-9839.

Sincerely,  
CareFirst Administrators Enrollment Department

CareFirst Administrators, an independent corporation operating under a license from the Blue Cross and Blue Shield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.