



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 Blue Cross Blue Shield of 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): _____ C

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

Names 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, day, year): _____

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

[continued on reverse side](#)

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 in the postage-paid envelope provided.

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