

OAKLAND COUNTY BLUE CROSS BLUE SHIELD COORDINATION OF BENEFITS INFORMATION

Your responses help us keep the cost of health care benefits as low as possible.
We cannot process claims without the information on this form.

Please PRINT. Thank you for your time.

If new address, check here.

Name of Subscriber (first & last)		
Subscriber's Address		
City	State	Zip
Subscriber's Social Security No.		
Subscriber's Group Number		

- Complete *Part 1* if you and/or your covered dependents have **NO** other coverage.
 Complete *Part 2* if you and/or your covered dependents **HAVE** other coverage.

<u>PART 1:</u>	GENERAL INFORMATION
If this BCBSM is the only coverage for yourself and/or your family, please complete this section.	
Subscriber's name (first & last): _____	
Subscriber's Social Security number: _____ Birth date: _____	
Spouse's name (first & last): _____	
Spouse's Social Security number: _____ Birth date: _____	
Please sign and date below if BSBSM is the only coverage for you and your dependents.	
Subscribers signature: _____ Date: _____	
Did you previously have non-BCBSM coverage that was cancelled? ____ Yes (date cancelled: ____) ____ No	
<u>PART 2:</u>	OTHER COVERAGE INFORMATION
Complete this part if you or any dependents on your BCBSM contracts are also covered by another group health plan.	
Subscriber of other coverage: _____	
Relationship to BCBSM subscriber: _____ Birth date: _____	
Social Security number: _____ Is that person ____ Active ____ Retired	
Name of other carrier: _____ Effective date of coverage: _____	
Street Address: _____	
City, State, ZIP: _____ Phone: _____	
Group/policy number: _____ ID number: _____	
Type of coverage (check one): __ Single __ Family Type of plan (check one): ____ Hospital ____ Medical/surgical	
Employer providing coverage: _____	
Street Address: _____	
City, State, ZIP: _____	
List all family members covered by other plan:	
Name (first & last): _____ Relationship to BCBSM subscriber: _____	
Name (first & last): _____ Relationship to BCBSM subscriber: _____	
Name (first & last): _____ Relationship to BCBSM subscriber: _____	