

## COORDINATION OF BENEFITS QUESTIONNAIRE

If you, your spouse or any of your covered dependents do not have any other health insurance, call our automated response number at **1-866-263-9494**. If there is other health coverage, you can update your coordination of benefits information at **bcbsm.com/cob** or complete this form.

SECTION 1 YOU	R BCBSM INFORM	MATION	Selliwill.	Market St.	2年74月25年,北温	
BCBSM enrollee name	(as found on your IE	card)	BCBSM	enrollee ID / c	ontract number	
Are you, yo	our spouse or any	of your dependent	s cover	ed by anothe	r health plan	other than Medicare?
☐ NO – Pleas	e skip the rest of the n of this form and retu	questions, sign the		☐ YES - F		e the entire form, sign the
SECTION 2 OTH	ER HEALTH COV	ERAGE INFORMAT	ION		8 P. T. YOU	<b>建多根据的正式感觉在</b> "不是
Please provide the fo	llowing information	about the policyhold	er of the	other health o	coverage. Atta	ach additional pages if needed.
Name of policyholder of other coverage		Relationship to you		Employer		Birth date
Insurance company name		Insurance company city		State		Phone number
Enrollee ID / policy number		Group number		Effective date Ca		Cancellation date (if applicable)
Type of coverage ☐ Single ☐ Family	Is this a retiree con Is this a COBRA co Is policy holder laid	ntract? Yes		pe of plan: eck all that apply	Medical  Dental	☐ Prescription drugs ☐ Medicare Advantage
Who is covered by this other plan? Include Name (first and last)		50 m. M.W.		Name (fi	rst and last)	Relationship to you
11.		4.				- X
2.	5.					
3.				6.		
3. SECTION 3 SPEC	IAL SITUATIONS	经验的程度分配	C. D.	6.	er Tay Niverse	
SECTION 3 SPECI		nave health care cove	E DEVI		above becau	se of divorce, separation or court
SECTION 3 SPEC Fill out this section or order.	nly if your children I		erage in a	addition to the	a copy of the s	se of divorce, separation or court sections that apply to health care custody arrangements)
SECTION 3 SPEC Fill out this section or order.	nly if your children l nat determines respon dy?	nsibility for health	erage in a	addition to the	a copy of the s	ections that apply to health care
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Blue Cross Blue Shield of Michigan

600 E. Lafayette Blvd. Detroit, MI 48226-9942 OR

Fax: 866-581-3946