

## **COORDINATION OF BENEFITS**

Please complete the information below. If you have any questions regarding this form, please contact CIGNA Behavioral Health Customer Service at the number on the participant's medical card.

Your policy contains a "coordination of benefits" provision that allows CIGNA Behavioral Health to share responsibility in covering health care expenses with any other company covering you or your family for medical benefits. When health care expenses are shared between two or more companies, out-of-pocket expenses for the participant may be reduced. In addition to benefiting the individual member, coordination of benefits is beneficial to all participants because it avoids duplication of payments that would result in higher premium rates.

1. Employee				Date of Birth			
2. Employer Na	me _			Account Name			
3. Social Securi	ty Nu	ımber					
4. Patient Name				Participant Date of Birth			
5. Patient Addre	ess						
If married complete the following: Name of spouse of employee				Date of Birth			
Spouse's emplo	yer 8	address					
Is spouse covered under his/her employer's health plan? Yes No							
If yes, p	lease	complete the following	:				
Employer's heal	Ith pla	an name					
Address for sub	mittii	ng claims					
Policy # Effective Date							
Single Coverage	e	Family	y Cove	rage			
If family covera	ge, li	st all covered members	<u> </u>				
If you are dive	orcec	d and/or remarried w	ith de	pendents, p		mplete the following:	
Dependents		Person with Physical Custody	Relationship		Person Responsible for Dependent Health care Expenses per Divorce Decree		
Medicare or Medical insurance plan.)		er insurance), please comple		llowing section.	(This does	n to the coverage listed above (i.e., not include the employee's current	
Health Plan Name		Name of Person Covered		Policy Number		Effective Date	
		rmation is true and correc on of benefits of all plans.	t. I und	derstand that tl	ne purpose	e of this information is to assure	
Participant Signatur	-e			 Date	· · · · · · · · · · · · · · · · · · ·		

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