

COORDINATION OF BENEFITS (COB) QUESTIONNAIRE

In order to insure proper processing of your health claims, please complete and return this form to Allegiance Benefit Plan Management, Inc., PO Box 3018, Missoula, MT 59806. Pursuant to the claims processing policy adopted by the plan, this information must be received within 30 days or claims will be denied.

This form may also be faxed toll-free to 866-201-0522.

First Name _____ Last Name _____

Employer's Name: _____

1. Do you have any health coverage (includes Medicare coverage) other than that provided by **MCA Health Care Trust**? Yes No

If yes, Name of other insurance: _____

Insurance Company Telephone Number: _____

Effective Date of Coverage: _____

Primary Insured's Name: _____

Primary Insured's ID Number or Medicare HIC#: _____

Primary Insured's Date of Birth: _____

Type of coverage: Medical Dental Vision RxCard

If Medicare is due to disability, was disability for End Stage Renal Disease? Yes No

If ESRD, when did dialysis treatments begin? _____

If Medicare, indicate type of coverage elected and beginning date for each:

Part A _____ Part B _____ Part D _____

2. Does your spouse or covered dependents have other health coverage? Yes No

If yes, Name of other insurance: _____

Insurance Company Telephone Number: _____

Effective Date of Coverage: _____

Primary Insured's Name: _____

Primary Insured's ID Number or Medicare HIC#: _____

Primary Insured's Date of Birth: _____

Type of coverage: Medical Dental Vision RxCard

Names of dependents covered by other plan: _____

If Medicare is due to disability, was disability for End Stage Renal Disease? Yes No

If ESRD, when did dialysis treatments begin? _____

If Medicare, indicate type of coverage elected and beginning date for each:

Part A _____ Part B _____ Part D _____

If this coverage is the result of a court order, please attach a copy of the applicable order.

Please provide a telephone number where we may reach you if additional information is needed.

Telephone Number _____

Thank you for responding to this questionnaire. Please do not hesitate to contact us if you have any questions. Our Customer Service Team may be reached at 877-720-7827.

Signature

Date