

**CLAYCO, INC  
GROUP HEALTH PLAN COORDINATION OF  
BENEFITS QUESTIONNAIRE**

**PLEASE COMPLETE THIS FORM AND RETURN TO:**      **MERCY BENEFIT ADMINISTRATORS  
PO BOX 14230  
SPRINGFIELD, MO 65814**

MEMBER NAME: \_\_\_\_\_ MEMBER ID #: \_\_\_\_\_ CLAIMANT NAME: \_\_\_\_\_  
(FOR YOUR REFERENCE, THIS INFORMATION IS AT THE TOP OF THE ACCOMPANYING LETTER)

**AT THIS TIME (OR AT ANY TIME IN THE LAST 12 MONTHS), ARE/WERE YOU OR ANY MEMBERS COVERED UNDER THE CLAYCO, INC GROUP HEALTH PLAN (INCLUDING YOURSELF, YOUR SPOUSE OR CHILDREN), ALSO COVERED BY ANY OTHER HEALTH INSURANCE PLAN?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF THE ANSWER IS "YES", PLEASE REFER TO THE OTHER INSURANCE CARD TO COMPLETE THIS SECTION:**

OTHER HEALTH INSURANCE COMPANY NAME: \_\_\_\_\_ COMPANY PHONE #: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ GROUP #: \_\_\_\_\_ MEMBER ID#: \_\_\_\_\_

NAME OF POLICY HOLDER OF OTHER INSURANCE: \_\_\_\_\_

BIRTH DATE OF POLICY HOLDER OF OTHER INSURANCE: \_\_\_\_\_

**DOES THIS OTHER INSURANCE COVER YOU, YOUR SPOUSE OR CHILDREN?**

EMPLOYEE:                      YES \_\_\_\_\_                      NO \_\_\_\_\_

SPOUSE:                      YES \_\_\_\_\_                      NO \_\_\_\_\_                      IF YES, SPOUSE NAME: \_\_\_\_\_

CHILDREN:                      YES \_\_\_\_\_                      NO \_\_\_\_\_                      IF YES, CHILDREN NAME(S) \_\_\_\_\_

TYPE OF COVERAGE:      ACTIVE EMPLOYEE \_\_\_\_\_                      RETIREE \_\_\_\_\_                      COBRA \_\_\_\_\_

MEDICARE:                      AGE 65 \_\_\_\_\_                      DISABILITY \_\_\_\_\_                      END STAGE RENAL DISEASE \_\_\_\_\_

**OTHER COVERAGE EFFECTIVE DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**OTHER COVERAGE TERMINATION DATE (IF APPLICABLE):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IF THERE ARE ANY DEPENDENT CHILD(REN) COVERED UNDER THE CLAYCO, INC GROUP HEALTH PLAN, PLEASE COMPLETE THE FOLLOWING:**

IS THERE A COURT ORDER OR CUSTODY AGREEMENT TO CARRY COVERAGE ON THE CHILD(REN)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHICH PARENT/GUARDIAN IS SO ORDERED? \_\_\_\_\_

FOR WHICH CHILD(REN) DOES THE ORDER APPLY? \_\_\_\_\_

**I ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED WITHIN THIS FORM:**

MEMBER SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_