

**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

Fax: 417-820-3816

Email: [mercybenefitadmin@mercy.net](mailto:mercybenefitadmin@mercy.net)

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