

**HERMANN ARE DISTRICT HOSPITAL  
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: sprgbenefitadmins@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 HERMANN AREA DISTRICT HOSPITAL 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 HERMANN AREA DISTRICT HOSPITAL 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: \_\_\_\_/\_\_\_\_/\_\_\_\_