BlueCross BlueShield of Mississippi

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, is an independent licensee of the Blue Cross and Blue Shield Association.

Other Coverage Information

PLEASE PRINT ALL INFORMATION

As a covered employee under your group's health plan, it is your responsibility to provide other insurance information for you and your covered dependents. This ensures that your claims will be processed timely and in accordance with the coordination of benefits provision of your plan. To assist in updating your records, please provide the following information.

EMPLOYEE

Social Security Number	First Name	M.I.	Last Name

OTHER INSURANCE INFORMATION

Are you covered by any other insurance? ☐ No ☐ Yes If yes ☐ Medical ☐ Dental

Medical Effective Date:
Dental Effective Date:

Medical Insurance ID Number:
Dental Insurance ID Number:

Medical Other Insured Person's Name (First, Last):
Dental Other Insured Person's Name (First, Last):

Date of Birth Medical:
Date of Birth Dental:

Medical Other Insurance Carrier Name:
Dental Other Insurance Carrier Name:

Type of Other Insurance Coverage: ☐ Group Medical ☐ Non-Group Medical ☐ Group Dental ☐ Non-Group Dental

MEDICARE INFORMATION

Are you covered by Medicare? ☐ No ☐ Yes

Medicare #:

Part A Effective Date:

Part B Effective Date:

Medicare Reason: ☐ Working Age ☐ ESRD ☐ Disability

Medical Other Insured Person's Employment Status(If Covered With Employer) ☐ Active Employee ☐ COBRA ☐ Retiree

SPOUSE

Social Security Number	First Name	M.I.	Last Name

OTHER INSURANCE INFORMATION

Is spouse covered by any other insurance? ☐ No ☐ Yes ☐ Medical ☐ Dental

Medical Effective Date:
Dental Effective Date:

Medical Insurance ID Number:
Dental Insurance ID Number:

Medical Other Insured Person's Name (First, Last):
Dental Other Insured Person's Name (First, Last):

Date of Birth Medical:
Date of Birth Dental:

Medical Other Insurance Carrier Name:
Dental Other Insurance Carrier Name:

Type of Other Insurance Coverage: ☐ Group Medical ☐ Non-Group Medical ☐ Group Dental ☐ Non-Group Dental

MEDICARE INFORMATION

Is spouse covered by Medicare? ☐ No ☐ Yes

Medicare #:

Part A Effective Date:

Part B Effective Date:

Medicare Reason: ☐ Working Age ☐ ESRD ☐ Disability

Medical Other Insured Person's Employment Status(If Covered With Employer) ☐ Active Employee ☐ COBRA ☐ Retiree

Does Other Insured Person have medical responsibility or custody for dependent due to divorce? ☐ No ☐ Yes

CHILD 1

Social Security Number	First Name	M.I.	Last Name

OTHER INSURANCE INFORMATION

Is child covered by any other insurance? ☐ No ☐ Yes ☐ Medical ☐ Dental

Medical Effective Date:
Dental Effective Date:

Medical Insurance ID Number:
Dental Insurance ID Number:

Medical Other Insured Person's Name (First, Last):
Dental Other Insured Person's Name (First, Last):

Date of Birth Medical:
Date of Birth Dental:

Medical Other Insurance Carrier Name:
Dental Other Insurance Carrier Name:

Type of Other Insurance Coverage: ☐ Group Medical ☐ Non-Group Medical ☐ Group Dental ☐ Non-Group Dental

MEDICARE INFORMATION

Is child covered by Medicare? ☐ No ☐ Yes

Medicare #:

Part A Effective Date:

Part B Effective Date:

Medicare Reason: ☐ Working Age ☐ ESRD ☐ Disability

Medical Other Insured Person's Employment Status(If Covered With Employer) ☐ Active Employee ☐ COBRA ☐ Retiree

Does Other Insured Person have medical responsibility or custody for dependent due to divorce? ☐ No ☐ Yes

(continued on back)

Other Coverage Information (continued)

CHILD 2

Social Security Number | First Name | M.I. | Last Name

OTHER INSURANCE INFORMATION

Is child covered by any other insurance? ☐ No ☐ Yes ☐ Medical ☐ Dental

Medical Effective Date:
Dental Effective Date:

Medical Insurance ID Number:
Dental Insurance ID Number:

Medical Other Insured Person's Name (First, Last):
Dental Other Insured Person's Name (First, Last):

Date of Birth Medical:
Date of Birth Dental:

Medical Other Insurance Carrier Name:
Dental Other Insurance Carrier Name:

Type of Other Insurance Coverage: ☐ Group Medical ☐ Non-Group Medical ☐ Group Dental ☐ Non-Group Dental

MEDICARE INFORMATION

Is child covered by Medicare? ☐ No ☐ Yes

Medicare #:

Part A Effective Date:

Part B Effective Date:

Medicare Reason: ☐ Working Age ☐ ESRD ☐ Disability

Medical Other Insured Person's Employment Status(If Covered With Employer) ☐ Active Employee ☐ COBRA ☐ Retiree

Does Other Insured Person have medical responsibility or custody for dependent due to divorce? ☐ No ☐ Yes

CHILD 3

Social Security Number | First Name | M.I. | Last Name

OTHER INSURANCE INFORMATION

Is child covered by any other insurance? ☐ No ☐ Yes ☐ Medical ☐ Dental

Medical Effective Date:
Dental Effective Date:

Medical Insurance ID Number:
Dental Insurance ID Number:

Medical Other Insured Person's Name (First, Last):
Dental Other Insured Person's Name (First, Last):

Date of Birth Medical:
Date of Birth Dental:

Medical Other Insurance Carrier Name:
Dental Other Insurance Carrier Name:

Type of Other Insurance Coverage: ☐ Group Medical ☐ Non-Group Medical ☐ Group Dental ☐ Non-Group Dental

MEDICARE INFORMATION

Is child covered by Medicare? ☐ No ☐ Yes

Medicare #:

Part A Effective Date:

Part B Effective Date:

Medicare Reason: ☐ Working Age ☐ ESRD ☐ Disability

Medical Other Insured Person's Employment Status(If Covered With Employer) ☐ Active Employee ☐ COBRA ☐ Retiree

Does Other Insured Person have medical responsibility or custody for dependent due to divorce? ☐ No ☐ Yes

CHILD 4

Social Security Number | First Name | M.I. | Last Name

OTHER INSURANCE INFORMATION

Is child covered by any other insurance? ☐ No ☐ Yes ☐ Medical ☐ Dental

Medical Effective Date:
Dental Effective Date:

Medical Insurance ID Number:
Dental Insurance ID Number:

Medical Other Insured Person's Name (First, Last):
Dental Other Insured Person's Name (First, Last):

Date of Birth Medical:
Date of Birth Dental:

Medical Other Insurance Carrier Name:
Dental Other Insurance Carrier Name:

Type of Other Insurance Coverage: ☐ Group Medical ☐ Non-Group Medical ☐ Group Dental ☐ Non-Group Dental

MEDICARE INFORMATION

Is child covered by Medicare? ☐ No ☐ Yes

Medicare #:

Part A Effective Date:

Part B Effective Date:

Medicare Reason: ☐ Working Age ☐ ESRD ☐ Disability

Medical Other Insured Person's Employment Status(If Covered With Employer) ☐ Active Employee ☐ COBRA ☐ Retiree

Does Other Insured Person have medical responsibility or custody for dependent due to divorce? ☐ No ☐ Yes

Employee Signature ______________________ Date ______________