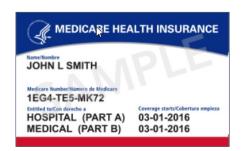
The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Many Medicare beneficiaries have other private group health plan (GHP) insurance in addition to their Medicare benefits. There are federal rules that determine whether Medicare or the other GHP insurance pays first.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a federal law that became effective January 1, 2009, requires that group health insurers, claims processing third-party administrators, and certain employer self-funded/self-administered plans report specific information about Medicare beneficiaries who have other group coverage. This reporting is to assist CMS and other health insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

We are asking you to answer the questions below so that we may comply with this law.

Please review this picture of the Medicare card to determine if you, a spouse, or other family members covered by your group health plan have, or has ever had, a similar Medicare card.



Section I

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^{**} Note: If you are uncomfortable with providing your full Social Security Number (SSN), you have the option to provide the last 5 digits of your SSN in the section above.

Section II

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Section IV

I understand that the information requested is to assist my accurately coordinate benefits with Medicare and to meet it	
Subscriber Name (Please Print)	Subscriber's Plan ID
Name of Person Completing This Form (Please Print)	
Signature of Person Completing This Form	Date
If you have completed Sections I – IV above, stop here. If y – IV, proceed to Section V.	ou are refusing to provide the information requested in Section
Section V	
Subscriber Name (Please Print)	Subscriber's Plan ID
For the reason(s) listed below, I have not provided the inforbeneficiary and I do not provide the requested information, in coordinating benefits to pay my claims correctly and pro	I may be violating obligations as a beneficiary to assist Medica
Reason(s) for Refusal to Provide Requested Information	<u>n:</u>
Signature of Dancer Completing This Forms	Dete
Signature of Person Completing This Form	Date