



### Other Insurance Questionnaire

**Employee Name** \_\_\_\_\_ **Member ID #** \_\_\_\_\_  
**Claim No.** \_\_\_\_\_ **Incurred** \_\_\_\_\_  
**Account No.** \_\_\_\_\_ **Group No.** \_\_\_\_\_

Do you or any of your covered dependents have other existing health coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If **no**, sign and date at the bottom and return this form to HealthComp.

If **yes**, in the space below please provide relevant information for each additional Carrier/Plan providing other health insurance coverage for you or your family.

**#1 Carrier/Plan Name:** \_\_\_\_\_ **Policyholder name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Plan Type** (check one):  Employer  Medicare Part: A B D  Medicaid  Individual  Retiree  Other \_\_\_\_\_  
(circle all that apply)

**Coverage type:**  Medical  Dental  Vision  RX Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
(check all that apply) (if applicable)

**#2 Carrier/Plan Name:** \_\_\_\_\_ **Policyholder name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Plan Type** (check one):  Employer  Medicare Part: A B D  Medicaid  Individual  Retiree  Other \_\_\_\_\_  
(circle all that apply)

**Coverage type:**  Medical  Dental  Vision  RX Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
(check all that apply) (if applicable)

Carrier # s	Covered dependents	Relationship to policyholder	Is coverage court-ordered?	Person with whom child primarily resides & their relationship to child
(see above)			(If yes, attach relevant pages)	
_____	_____	_____	Yes ___ No ___	_____
_____	_____	_____	Yes ___ No ___	_____
_____	_____	_____	Yes ___ No ___	_____
_____	_____	_____	Yes ___ No ___	_____
_____	_____	_____	Yes ___ No ___	_____

Please list the Name and Date of Birth for all covered dependents who do not have other health insurance:

Dependent name	DOB	Dependent name	DOB
_____	_____	_____	_____
_____	_____	_____	_____

I declare under penalty of perjury that the above statements are true and complete to the best of my knowledge.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_