

Coordination of Benefits Questionnaire



Date:

As a student and/or dependent enrolled in medical coverage with University of California, it is a requirement to provide all primary health insurance coverage information to Anthem Blue Cross and include an image of the front and back of the other insurance ID card.

Please answer the following questionnaire to the best of your knowledge:

Student name:

Anthem member ID number:

Campus name:

Do you have any other medical insurance? ☐ Yes ☐ No

If you indicated No, there is no need to go further. If you indicated **yes**, please continue.

Is your other medical coverage offered through:

Name of Subscriber/Policyholder:

Subscriber/Policyholder date of birth:

Policy effective date:

Policy number:

Group number:

Name of other insurance company:

Other insurance company phone number:

Other insurance company mailing address:

City:

State:

ZIP code:

Medicare information

Do you have Medicare? ☐ Yes ☐ No If Yes, what is your Medicare ID number:

Effective dates for: Part A: Part B: Part D:

Are you Medicare eligible because?

By completion and submission of this form, you certify that the information you are providing is complete and accurate.

Once you have completed the questionnaire, please email it to: UCSHIPCOBINquiries@anthem.com

If you have other insurance, include an image of the front and back of the other insurance ID card.