



COORDINATION OF BENEFITS

Please complete the information below. If you have any questions regarding this form, please contact CIGNA Behavioral Health Customer Service at the number on the participant's medical card.

Your policy contains a "coordination of benefits" provision that allows CIGNA Behavioral Health to share responsibility in covering health care expenses with any other company covering you or your family for medical benefits. When health care expenses are shared between two or more companies, out-of-pocket expenses for the participant may be reduced. In addition to benefiting the individual member, coordination of benefits is beneficial to all participants because it avoids duplication of payments that would result in higher premium rates.

- 1. Employee _____ Date of Birth _____
- 2. Employer Name _____ Account Name _____
- 3. Social Security Number _____
- 4. Patient Name _____ Participant Date of Birth _____
- 5. Patient Address _____

If married complete the following:

Name of spouse of employee _____ Date of Birth _____

Spouse's employer & address _____

Is spouse covered under his/her employer's health plan? Yes ___ No ___

If yes, please complete the following:

Employer's health plan name _____

Address for submitting claims _____

Policy # _____ Effective Date _____

Single Coverage _____ Family Coverage _____

If family coverage, list all covered members _____

If you are divorced and/or remarried with dependents, please complete the following:

Dependents	Person with Physical Custody	Relationship	Person Responsible for Dependent Health care Expenses per Divorce Decree

If you or your family members are covered under any other medical/dental plan in addition to the coverage listed above (i.e., Medicare or Medicaid, other insurance), please complete the following section. (This does not include the employee's current insurance plan.)

Health Plan Name	Name of Person Covered	Policy Number	Effective Date

I certify the above information is true and correct. I understand that the purpose of this information is to assure appropriate coordination of benefits of all plans.

Participant Signature

Date

CIGNA Behavioral Health
PO Box 188020
Chattanooga, TN 37422