



P. O. Box 1309 • Muskogee, OK 74401
1-800-749-1422 FAX: 918-781-4976

Coordination of Benefits Inquiry

1) Name: _____ Date of Birth _____

2) Employer: _____
Employer Name City State

3) Social Security or ID Number(as shown on ID Card): _____

4) Is your spouse employed? Yes No If yes, employer's name and address _____

5) Does your souse have other coverage for any of the following:

Medical: Yes ___ No ___ (___ spouse only or ___ spouse & dependents)
Dental: Yes ___ No ___ (___ spouse only or ___ spouse & dependents)
Vision: Yes ___ No ___ (___ spouse only or ___ spouse & dependents)

6) Effective date of spouse's coverage: _____

7) Name, address and phone number of spouse's insurance company: _____

8) Are you covered by Medicare? Yes ___ No ___
If yes, provide effective date: _____
If under 65, give reason for Medicare coverage: _____

9) Is your spouse covered by Medicare? Yes ___ No ___
If yes, provide effective date: _____
If under 65, give reason for Medicare coverage: _____

Employee Signature _____ Date _____

Please mail or fax form to address/fax number listed above.