



# Coordination of Benefits Form

## We Want to Be Ready to Handle Your Claims...

You can't always know just when you or your family will need medical treatment. But you can take steps now to help make sure things go smoothly. Even if your physician files claims for you, we need to know if you or your dependents have additional health care coverage. We cannot pay any claims until we have this information from you—**please provide it as soon as possible**. You can provide it over the phone, or you can complete and return this form to the address below. If any of this information changes in the future, you should advise us immediately. Please call **800-410-7778**.

Enrollee Information	
<b>Please Print Your Full Legal Name Below</b> (Avoid nicknames and abbreviations, Include title (Jr., Sr., III., etc.) with first name)	
<b>Enrollee Name (Last, First, Middle Initial)</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Birthday (MM/DD/YY)</b>	Is there a court decree that declares which parent is to provide coverage for any of your covered dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Coverage Information	
Are you or any dependents (including spouse) covered under another health plan or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No; Skip this section. Simply sign and date.	
Other Plan #1	
Name of Subscriber (Last, First)	
Subscriber's Social Security Number	Relation to Above Enrollee <input type="checkbox"/> Enrollee (self) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Name of Person(s) Covered (Last, First)	
Name of Other Carrier or Medicare	Benefit Type(s) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Prescription
Other Plan #2	
Name of Subscriber (Last, First)	
Subscriber's Social Security Number	Relation to Above Enrollee <input type="checkbox"/> Enrollee (self) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Name of Person(s) Covered (Last, First)	
Name of Other Carrier or Medicare	Benefit Type(s) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Prescription

<b>Enrollee Signature</b>	<b>Date</b>
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Please submit this form to: MHBP  
PO Box 981106  
El Paso, TX 79998

All benefits are subject to the definitions, limitations and exclusions set forth in the official Plan brochure (RI 71-007).

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aid/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 800-410-7778.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator

P.O. Box 14462, Lexington, KY 40512

800-648-7817, TTY: 711

Fax: 859-425-3379

[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

**(TTY: 711)**

To access language services at no cost to you, call 800-410-7778.

Para acceder a los servicios de idiomas sin costo, llame al 800-410-7778. (Spanish)

如欲使用免費語言服務，請致電 800-410-7778。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 800-410-7778. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 800-410-7778. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 800-410-7778 an. (German)

*T'áá ni nizaad k'ehjí bee níká a'doowol doo bááh ílnígóó koji' hólne'* 800-410-7778. (Navajo)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 800-410-7778. (Arabic)

Pou jwenn sèvis lang gratis, rele 800-410-7778. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 800-410-7778. (Italian)

言語サービスを無料でご利用いただくには、800-410-7778 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 800-410-7778 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 800-410-7778 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 800-410-7778. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 800-410-7778. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 800-410-7778. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 800-410-7778. (Vietnamese)