

PO Box 66189 Virginia Beach, VA 23466 (757) 552-7401 (877) 552-7401

## **Coordination of Benefits Information Page**

* Please retain a copy of this coordination of benefits page for your records.	
Applicant's Name:	Soc. Sec. #:
Date of Birth:	<b>NOTE:</b> Complete section F and section H if you have additional commercial insurance. Complete section G and section H if you have Medicare.
SECTION F (Commercial Insurance)	
Name of other Insurance Company:	
Address:	
Dhan a Numh an	
Policy Number:	Effective Date:
Employer:	
Group Number:	
Policyholder's Name:	
Birthdate:	
List family members covered by this insurance:	
SECTION G (Medicare Information)	
Applicant:	Claim#:
Hospital Insurance (Part A) Effective Date:	
Hospital Insurance (Part B) Effective Date:	
Are you retired: Yes No	Retirement date:
Spouse:	Claim#:
Hospital Insurance (Part A) Effective Date:	
Hospital Insurance (Part B) Effective Date:	
Are you retired: Yes No	Retirement date:
SECTION H	
I berefy cortify that execut as reported above, no	service or payments are provided or are recoverable through any

I hereby certify that except as reported above, no service or payments are provided or are recoverable through any other group insurance or service plan.

Signature of Applicant: