MHBP 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 1-833-497-2416 (TTY: 711).**

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

Other Coverage Information	
Are you or any dependents (including spouse) covered under another health plan or Medicare? ☐ Yes ☐ No; Skip this section. Simply sign and date.	
Other Plan Information	
Name of Enrollee (Last, First)	
Effective Date of Other Insurance Coverage	
Enrollee's ID Number	Relation to Above Enrollee ☐ Enrollee (self) ☐ Spouse ☐ Dependent
Name of Person(s) Covered (Last, First)	
Name of Other Insurance or Medicare	Benefit Type(s) (check all that apply) ☐ Medical ☐ Dental ☐ Vision ☐ Prescription

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
I hereby certify that the above information is correct to the best of my knowledge.

Enrollee Signature Date

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 71-023).

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

We provide free aids/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 the number on your ID card.

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 1-800-648-7817, TTY: 711,
Fax: 859-425-3379, 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 **1-800-368-1019, 800-537-7697** (TDD).

(TTY: 711)

English	**To access language services at no cost to you, call the number on your ID card.**
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Persian Farsi	**برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.**
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.