



Secondary Coverage Form (COB)

Coordination of Benefits (COB) rules apply when you or any of your covered dependents are covered under more than one medical, pharmacy, and/or dental plan. These COB rules determine which plan is required to pay first when you are coordinating payments. You must always indicate any other insurance coverage whenever you file a claim under a SelectHealth plan.

Please complete and return this form with your open enrollment materials to help SelectHealth manage any COB situations. This will help ensure the benefits are coordinated correctly with your other medical, pharmacy, and/or dental plans and avoid unnecessary claim problems or delays for you.

New Enrollee **Existing Member with SelectHealth**

Name _____ Employer _____

Street Address _____ Subscriber ID# _____

City _____ State _____ ZIP _____

Home Ph# (____) _____ Work Ph# (____) _____

Do you or any of your covered dependents have other medical or dental insurance in addition to the medical or dental coverage through your employer (e.g., through a spouse's or parent's employer)? Yes No

If yes, please complete and return this form for each covered member of your family that has other coverage.

***If you are divorced or never married and have children, copies of your court documents are required to determine the order of benefits.**

The four needed sections of your court documents are shown below:

- First (front) page
- Custody section(s)
- Insurance section
- Last (finalized) page

MEMBER COVERED	OTHER CARRIER <small>(PLEASE INCLUDE SPECIFIC NAME)</small>	COVERAGE		OTHER INSURANCE PHONE#	OTHER INSURANCE POLICY#	POLICYHOLDER <small>(FIRST/LAST NAME)</small>	RELATIONSHIP TO POLICYHOLDER
		<small>Medical</small>	<small>Dental</small>				

If you have questions, please contact Member Services at 801-442-5038 (Salt Lake area) or 800-538-5038.

Please send completed form to
SelectHealth
Attn: Order of Benefits Team
P.O. Box 30192
Salt Lake City, Utah 84130-0192

Or fax to
801-442-4800