3335 South Fairway Visalia, CA 93277 (559) 734-1321 (800) 662-5502

Fax: (559) 734-3828

Annual Request

RE: Coordination of Benefits Inquiry for other health insurance coverage other than Kaweah Delta for spouse and/or dependent(s)

Dear Insured:

All plans require Coordination of Benefits (COB) when another carrier is involved. This questionnaire will help us determine if we should coordinate benefits with another insurance company. Please answer all questions that apply to ensure Foundation has the most updated information:

1.	As of 2021, Is the member covered () No () Yes Effective Date: _ a. If "No" please sign, date, and b. If "Yes" complete questions	nd return to Foundation	
2.	Is the other group insurance plan () Single or () Family Coverage.	
3.	date(s) on the plan.	all covered family members and their effective	
	Health Insurance Company:	Group Number:	
	City/State/Zip:	Phone Number:	
4.	If parents are separated or divorced, does the other natural parent, with custody, carry insurance for the dependent(s)? () No ()Yes If yes, complete the below section: Subscribers Name: Date of Birth: ID Number: Group Number: Health Insurance Company: Address:		
	City/State/Zip:	Phone Number:	

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If yes, please explain:				
Step-parent Information Only				
If the parents are divorced, is the custodial parent married? ()No () Yes If yes, complete stepparents insurance information below:				
	DI N I			
City/State/Zip:	Phone Number:			
I hereby certify that the information on this fo	orm is true and accurate.			
Name of individual completing the form:				
Signature:	Date:			
Phone Number:				

5. Has there been a court decree issued regarding insurance coverage? ()No ()Yes

Thank you for your assistance and continued service to our community. If you have any questions, please call Customer Service at 1-800-662-5502 or (559) 734-1321.

Note: Claims will be denied until this letter is received by Foundation.