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 **800-410-7778**.

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 71-007).

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

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'doowoł doo bą́ą́h ílínígóó kojį' 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 zadzwonoć 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)