



***** ANNUAL UPDATE FOR 2018 *****

FOR IDENTIFICATION PURPOSES, GROUP NAME, EMPLOYEE NAME AND EMPLOYEE ID MUST BE PROVIDED ON THE NEXT PAGE OF THIS FORM.

Your Employee Benefit Plan contains a "Coordination of Benefits" provision, which must be updated annually.

This provision means that when a patient is covered under more than one group plan, one payor becomes the "primary carrier" and the other becomes the "secondary carrier." The primary carrier must pay benefits before the secondary carrier can determine what benefits it will pay. This applies if you have more than one medical or dental plan, including Medicare coverage.

In order to coordinate benefits appropriately, please update the other insurance information by doing one of the following:

- Complete, sign and date the questionnaire on the next page and return by doing one of the following:
 - Email it to hfb-noble@hfbenefits.com;
 - Mail it to our office at HealthFirst, P.O. Box 30541, Salt Lake City, UT 84130;
 - Fax it to 877-293-4926

Please attach any additional pages as needed for your response(s). Be sure to keep a copy for your files.

You must return this form even if you do not have any other insurance coverage.

PLEASE NOTE: CLAIM(S) RECEIVED WITH 2018 SERVICE DATES WILL NOT BE PROCESSED UNTIL THIS FORM IS COMPLETED AND RETURNED. Additionally, if you do not return this form promptly, your claim may be denied. Once we receive this form, all your 2018 claims will be processed as usual.

PLEASE COMPLETE THIS INFORMATION FOR ALL COVERED FAMILY MEMBERS.

This information may be provided over the phone by the Employee or Custodial Parent.

If there is a Divorce Decree or Child Support Order stating who is responsible for providing coverage, please be prepared to provide us with a copy of the order.

If you have any questions, please contact the Customer Service Department at 877-852-3354.

