



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and
Blue Shield Association
PO Box 9232
Des Moines, IA 50306-9232

Member I.D. #
Member Group #
Claim #

Dear

Your contract contains a Coordination of Benefits clause. In order to process your claims, the following current information is required:

While you have been covered by Wellmark, have you or any of your family members been covered by another:
Health Plan [] Yes [] No Dental Plan [] Yes [] No Prescription Plan [] Yes [] No

If No, you must do one of the following:
• Sign, date, and return this form by mail in the enclosed envelope or FAX to 1-515-376-9068.
• Call Customer Service at the phone number on your ID card.
• Federal Employees (ID Numbers beginning with an "R"), call 1-800-532-1537 (Monday through Friday 7:30 am - 5:00 pm).
If you have any questions, please call our Customer Service Department at the phone number on your I.D. card.

If Yes, please provide the required information below and return this letter by mail in the enclosed envelope or FAX to 1-515-376- 9068.
Complete name and address of other insurance company:
Other insurance company phone #:
Policyholder's name with the other insurance:
Policyholder's date of birth with the other insurance:
Identification number with other insurance:

Divorce Decrees/Court Orders:
If there are any covered dependents involved in a current or prior divorce situation, does the divorce decree/court order require one parent to provide health insurance coverage for the dependent child(ren)?
[] Yes - Who is responsible:
[] No - Who has primary physical custody:
A copy of the divorce decree/court order is required and will only be used for claims processing. If one has already been provided, you do not need to send in another copy.

If you or any member of your family are eligible for Medicare, please provide the required information below as it appears exactly on the Medicare card.
Name of eligible person(s): Medicare HIC #:
Effective date(s): Part A: Part B: Part D:

(Member Signature) (Date)
Federal Employees Only: Warning - Any intentional false statement or willful misrepresentation is a violation of the law punishable by a fine not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).