



Coordination of Medicare Benefits Questionnaire

The health insurance program you chose provides that if you are an employer group of less than 20 employees, then for those employees who are eligible for Medicare (due to age), Medicare is primary and your Group Health Plan insured by GHI provides secondary benefits. In order to be able to take advantage of that election and to ensure accurate and timely claim processing, please complete the census below so that the carrier may coordinate Medicare Benefits properly. You must complete and check all areas which apply.

Information About Employees Eligible for Medicare Due to Age and Small Employers

Employee Name: _____

Date of Birth: ____/____/____

GHI Certificate Number: _____

Medicare Part A Effective Date: ____/____/____ Medicare Part B Effective Date: ____/____/____

Please check Employee's Employment Status Below:

- Retired
- Actively working, however, you employed **fewer than twenty (20)** full or part time employees for twenty (20) or more calendar weeks for each working day in each of twenty (20) or more calendar weeks in the current calendar year {or the preceding calendar year}.
- Actively working, however, you employed **twenty (20) or more** full or part time employees for twenty (20) or more calendar weeks for each working day in each of twenty (20) or more calendar weeks in the current calendar year {or the preceding calendar year}.

Spouse Information

Spouse Name: _____

Date of Birth: ____/____/____

Health Insurance Claim Number: _____

Medicare Part A Effective Date: ____/____/____ Medicare Part B Effective Date: ____/____/____

Please Check Spouse's Employment Status Below:

- Retired or not employed.
- Actively working for you.
- Actively working for another employer.

Please include a copy of the employee's and spouse's Medicare card (where applicable) when returning this questionnaire. You must also provide a copy of this completed questionnaire to the employee who will submit it with his/her claims to Medicare. If you are returning this form after your group's initial enrollment, please mail to the following address:

GHI Coordination of Medicare Benefits
P. O. Box 2820
New York, NY 10116-2820

Your prompt response is appreciated and will allow us to update our files as quickly as possible. We will be requesting this information from you periodically.

Group Name

Authorized Signature – Group Administrator