



Blue Care Network
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Coordination of Benefits Subscriber Questionnaire

Please Print

Subscriber Name		BCN Contract Number	
Address		City	State Zip

In addition to your Blue Care Network health coverage, are you or any of your dependents currently covered by any other health, Medicare or prescription coverage?

No If **NO**, please sign and date form. **Yes** If **YES**, please complete questionnaire.

If your dependents are covered by more than one insurance carrier; Blue Care Network is required by law to comply with any legal documentation regarding your dependent(s) on the Blue Care Network policy whose health care coverage is mandated by a court order from the Friend of the Court or a divorce decree.

You must enclose a copy of this documentation for each child on your policy. Information required are the sections showing:
(a) defendant and plaintiff (b) physical custody (c) health care/medical coverage responsibility

Other Health **Medicare** **Prescription**

Policy Holder's Name		Social Security Number	Relationship to BCN Subscriber	Date of Birth
Employer's Name		Employer's Phone Number ()		
Name of Health Insurance Carrier	Phone Number ()	Is this an Active or Retiree Policy? <input type="checkbox"/> Active <input type="checkbox"/> Retiree Date Retired: _____		
Address of Health Insurance Carrier		City	State	Zip
Contract Number	Group Number	Effective Date	Termination Date	

Please list all Blue Care Network members who are covered under this plan:

Name	Relationship to BCN Subscriber	Name	Relationship to BCN Subscriber
Name	Relationship to BCN Subscriber	Name	Relationship to BCN Subscriber
Name	Relationship to BCN Subscriber	Name	Relationship to BCN Subscriber

Additional **Other Health** **Prescription**

Policy Holder's Name		Social Security Number	Relationship to BCN Subscriber	Date of Birth
Employer's Name		Employer's Phone Number ()		
Name of Health Insurance Carrier	Phone Number ()	Is this an Active or Retiree Policy? <input type="checkbox"/> Active <input type="checkbox"/> Retiree Date Retired: _____		
Address of Health Insurance Carrier		City	State	Zip
Contract Number	Group Number	Effective Date	Termination Date	

Please list all Blue Care Network members who are covered under this plan:

Name	Relationship to BCN Subscriber	Name	Relationship to BCN Subscriber
Name	Relationship to BCN Subscriber	Name	Relationship to BCN Subscriber
Name	Relationship to BCN Subscriber	Name	Relationship to BCN Subscriber

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND ACCURATE

Signature	Phone number	Date
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Return to: 611 Cascade West Parkway, SE, Grand Rapids, MI 49546-2143