SPOUSE
COORDINATION OF BENEFITS QUESTIONNAIRE

FORM 1

PARTICIPANT INFORMATION: TO BE COMPLETED BY THE MOTION PICTURE INDUSTRY (MPI) HEALTH PLAN PARTICIPANT *(Please print)*

PARTICIPANT NAME: Last: First: MI:

Date of Birth: Social Security Number: Phone Number:

1. Do you have any other insurance plan other than the MPI Health Plans?

☐ No

☐ Yes *(If Yes, please print the information about your other insurance plan in the spaces below.)*

GROUP INSURANCE: Family ☐ Self ☐ Policy Number: Effective Date:

Please list names of all family members enrolled:

INDIVIDUAL INSURANCE: Policy Number: Effective Date:

MEDICARE: Part "A" Effective: Part "B" Effective:

SPOUSE INFORMATION: If you are offered group insurance through your employer, you must enroll.

SPOUSE NAME: Last: First: MI:

Date of Birth: Social Security Number:

Spouse is: (check one)

☐ ***Not*** Employed. *(If Not Employed, skip 2, 2a, and 3, sign and date, and return with Form 3, Declaration, to MPI Health Plans.)*

☐ Employed full-time ☐ Part-time ☐ Self-Employed ☐ Freelance

☐ Retired, effective: Medicare Part "A" Effective: Medicare Part "B" Effective:

(If Retired with Group Insurance, please complete Form 2. Refer to instructions.)

2. Are group health benefits available to you ? ☐ No ☐ Yes

2.a. If Yes, what type of coverage do you have available under your employer's plan?

☐ Medical/Hospital ☐ HMO ☐ Rx ☐ Other: ☐ Not Applicable

3. IF YOU ARE EMPLOYED, HAVE YOUR EMPLOYER COMPLETE THE EMPLOYER/GROUP COORDINATION OF BENEFITS FORM 2. SIGN AND RETURN COMPLETED FORM 1 AND FORM 2 TO MPI AT THE ADDRESS SHOWN BELOW.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT,
and I understand that, to ensure that benefits are coordinated properly, MPI Health Plans will verify the accuracy of information by conducting audits, contacting me, my spouse's employer, and/or insurance plan.
It is fraudulent to knowingly fill out this form with any information that is false.

Participant Signature Date

IF ANY INFORMATION ON THIS FORM CHANGES, A NEW FORM MUST BE SUBMITTED WITHIN 30 DAYS

If you have any questions, please email MPI's Participant Services Center at service@mpiphp.org or call toll-free (855) ASK-4MPI (275-4674), from 8 a.m. to 5 p.m. PST, Monday through Friday.