



**EMPLOYER/GROUP
SPOUSE
COORDINATION OF BENEFITS FORM**

FORM 2

**EMPLOYER INFORMATION
TO BE COMPLETED BY THE EMPLOYER (please print)**

Employee Name:		Social Security Number:	
Employer Name:			
Address:			
City:	State:	ZIP:	Phone:
DO YOU OFFER EMPLOYER GROUP HEALTH INSURANCE TO THIS EMPLOYEE?			
<input type="checkbox"/> No	If NO, STOP; Sign below and return original form to Employee		
<input type="checkbox"/> Yes	If yes, select one of the following: <input type="checkbox"/> Active policy <input type="checkbox"/> Retiree policy		
IS THE EMPLOYEE ENROLLED IN THE COMPANY'S GROUP HEALTH INSURANCE?			
<input type="checkbox"/> No	When is the next open enrollment and effective date?	Enrollment Date:	Effective Date:
<input type="checkbox"/> Yes	Effective Date:		
Is a premium required for Group Insurance for children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list names of all family members enrolled:			Effective Date
Group Health Plan Name:			
Address:			
City:	State:	ZIP:	Phone:
Group Identification Number:		Policy Number:	

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT

Authorized Employer Signature	Title	Telephone Number	Date

PARTICIPANT STATEMENT

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.

Employee (Spouse) Signature	Date	(Area Code) Phone Number
MPI Participant Signature	Date	(Area Code) Phone Number

**INCOMPLETE FORMS AND/OR FORMS MISSING PARTICIPANT'S, SPOUSE'S OR EMPLOYER'S SIGNATURES
WILL BE RETURNED**

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 (855-275-4674), from 8 a.m. to 5 p.m. PST, Monday through Friday.



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IMPORTANT INFORMATION/INSTRUCTIONS

If your spouse is eligible for medical, hospital and/or prescription benefits through their own employer, your spouse must enroll for that insurance as their primary coverage as soon as it is available, regardless of cost. The Motion Picture Industry (MPI) Health Plans then will be the secondary coverage for those benefits and will remain the primary coverage for dental and vision benefits.

If your spouse misses the open enrollment date and is not able to enroll until the next open enrollment period, MPI will cancel all of his/her benefits including dental, vision and prescriptions until the spouse is enrolled in his/her employer's group insurance.

Eligibility and Coordination of Benefits for Dependent Children

Unless your spouse's group health plan charges a premium to cover your dependent children, (or if your spouse's birth date is later in the year than yours), eligible dependent children also must be enrolled for the insurance available to your spouse through their employer.

It is the Participant's responsibility to notify MPI of any change to their spouse's insurance or employment status. Failure to do so can result in the termination of coverage and denial of claims.

The Coordination of Benefits forms apply to Participants and their dependents when enrolling in the MPI Preferred Provider Option Plan (PPO) and Oxford POS.