



**SPOUSE COORDINATION OF BENEFITS
GROUP HEALTH INSURANCE ENROLLMENT
CONFIRMATION**

SPOUSE'S EMPLOYER INFORMATION

(Please Print Clearly)

Employer Name: _____ Contact: _____

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____ Phone: _____

<input type="checkbox"/> YES, enrolled. Please provide insurance information.	<input type="checkbox"/> NO, did not enroll. MPI will send you new forms for completion.	Reason you did not enroll: <input type="checkbox"/> No longer employed <input type="checkbox"/> No longer eligible for employer insurance <input type="checkbox"/> New employer <input type="checkbox"/> Other: _____
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INSURANCE INFORMATION

(Please Print Clearly)

Group Health Plan Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Effective date of coverage:	Group Number:	Policy Number:	Cancellation date (if applicable):
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If a spouse enrolls in his/her employer's health insurance, and child dependents can be enrolled, you **MUST ENROLL** the child(ren) unless there is a premium for the children, or the spouse's birth date is later in the year than the Participant's birth date. Children enrolled: No Yes

Children covered under this policy	Birth Date	Policy Number	Effective Date	Termination Date

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.

MPI Participant Signature	Social Security Number	Date	(Area Code) Ph. No.
Employee (Spouse) Signature	Social Security Number	Date	(Area Code) Ph. No.

INCOMPLETE FORMS AND/OR FORMS MISSING PARTICIPANT'S AND SPOUSE'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. If you prefer, you may send a fax to (818) 766-1229 or call toll-free (855) ASK-4MPI (855-275-4674), from 8 a.m. to 5 p.m. PST, Monday through Friday.