



Do you or anyone enrolled as your dependent in the Empire Plan, have any other group health insurance coverage? Other group health insurance coverage is coverage you have through another employer. It does not include Medicare coverage. If your only other coverage is Medicare, indicate NO, sign and return the questionnaire. If you have Medicare and other coverage, please indicate both.

- NO (Please sign and return questionnaire.)
 YES (Please answer questions 1-8, sign and return.)

1. Name of person with the other coverage:

2. Date and birth of person with other coverage:

3. Name and address of employer/group that offers the other coverage:

4. Name and address of there insurance company:

5. Identification number and effective date of other coverage:

- 6. Is the person indicated in #1 an [] active or [] retired employee?
7. Is the other coverage: [] individual or [] family [] basic hospitalization
[] major medical [] medical-surgical [] or both ?
8. Have you filed this request with the other insurance plan? [] Yes [] No

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature Date

SSC/COB-CLAIM