



AMERICAN TRUST
Administrators,® Inc.

Re: Insured:
Claimant:
Group No.:

OTHER HEALTH COVERAGE QUESTIONNAIRE

Your summary plan description requires a claimant to furnish any information deemed necessary to administer coverage and carry out the provisions of the plan (Section 7, Paragraph 12 of your Summary Plan Description).

Information received in our office indicates that you may have other coverage. Please complete the following questions regarding coverage you may have through another source.

1. Are you, your spouse or any of your dependents covered under another insurance plan? Yes No
If yes, **please provide a copy of the identification card** and answer the following questions.

- ◆ Name of the covered person_____
- ◆ Covered person's identification number _____
- ◆ Covered person's date of birth _____
- ◆ Relationship to the above insured_____
- ◆ Name of the other insurance carrier _____
- ◆ Name of the employer, union or other organization that provides the coverage_____
- ◆ Please verify the type of coverage (i.e. group, individual, indemnity, Medicare etc.)_____
- ◆ Please list all family members covered under the plan_____
- ◆ Address of the other insurance carrier's claim office _____
- ◆ Telephone number of the other insurance carrier_____
- ◆ Effective Date of the other Plan_____ Termination Date of the other Plan_____

2. Does your spouse work? Yes No
If yes, please answer the following questions:

- ◆ Please give the name of the employer_____
- ◆ Please give the address of the employer_____
- ◆ Please give the telephone number of the employer_____

3. Are you, your spouse or any of your dependents covered by Medicare? Yes No
If yes please provide the following:

- ◆ A copy of the Medicare identification card
- ◆ A copy of the Medicare entitlement letter

I understand that the information provided herein will be used in determining the benefits under a health plan, and I certify that the information provided herein is true and accurate to the best of my knowledge.

Insured's Signature

Date

If you have already furnished the information provided above to our office, you may disregard duplicate requests. If you have any questions regarding our request please do not hesitate to contact our office.