

Medicare Secondary Payer (MSP) Information

Important Information to assist your employer in complying with certain federal laws applicable to your coverage.

Have you or a member of your family been covered under your employer's Blue Cross health care plan and also covered by Medicare within the last three years?

Yes - Fill out sections A, B and C below. **No** - Fill out sections A and C only.

A. Group Name: _____ Group Number: _____
 Enrollee Name: _____ Identification Number: _____
 ➔ **IMPORTANT** (Check One): Enrollee Status: Actively at Work Retired as of _____(date) Cobra/Continuation ←

B. Enter information here for those with current or prior Medicare coverage. Be sure to include all applicable dates. Use the form MM/YY. See Back for further instructions on columns 1-5.					① From Your Medicare ID Card - See Back	② Disability		③ ESRD Dialysis		④ Medicare A	⑤ Medicare B	
Relationship	Last Name	First Name	Date of Birth	Social Security Number	Medicare Claim Number (HIC)	Start Date	End Date <small>(If applicable)</small>	Start Date	End Date <small>(If applicable)</small>	Start Date	Start Date	End Date <small>(If applicable)</small>
Enrollee												
Spouse												
<input type="checkbox"/> Son <input type="checkbox"/> Daughter												
<input type="checkbox"/> Son <input type="checkbox"/> Daughter												
<input type="checkbox"/> Son <input type="checkbox"/> Daughter												
<input type="checkbox"/> Son <input type="checkbox"/> Daughter												

C. I certify that the information provided above is true. If there is a change to this status, I understand that it is my responsibility to advise my employer promptly of the change.

Print Name: _____

Signature of Enrollee: _____ Date Signed: _____

If you have any questions call the Customer Service phone number on the back of your Blue Cross and Blue Shield of Illinois I.D. Card or your Employee Benefits Administrator.

- ① Medicare Claim Number, also known as the HIC Number - the Health Insurance Claim account number; the number uniquely identifying the Medicare beneficiary. This number can be found on the Medicare card.

MEDICARE HEALTH INSURANCE
SOCIAL SECURITY ACT

NAME OF BENEFICIARY
JOHN D. DOE

MEDICARE CLAIM NUMBER SEX
123-45-6789A **MALE**

IS ENTITLED TO EFFECTIVE DATE
HOSPITAL INSURANCE (PART A) **1/1/95**
MEDICAL INSURANCE (PART B)

SIGN HERE → *John D. Doe*

HIC Number →

← Medicare A and/or Medicare B Start Date

- ② Disability Start Date - the first day the beneficiary was eligible for Medicare due to being disabled.
End Date - the day the beneficiary is no longer disabled.

- ③ ESRD Dialysis Start Date - the day when the End Stage Renal Disease regular course of dialysis began, or date of kidney transplant due to renal failure.
End Date - the day when the End Stage Renal Disease regular course of dialysis ends.

- ④ Start Date - the day when the Medicare beneficiary became eligible for Medicare Part A.

- ⑤ Start Date - the day when the Medicare beneficiary became eligible for Medicare Part B.
End Date - the day Medicare B entitlement stops.